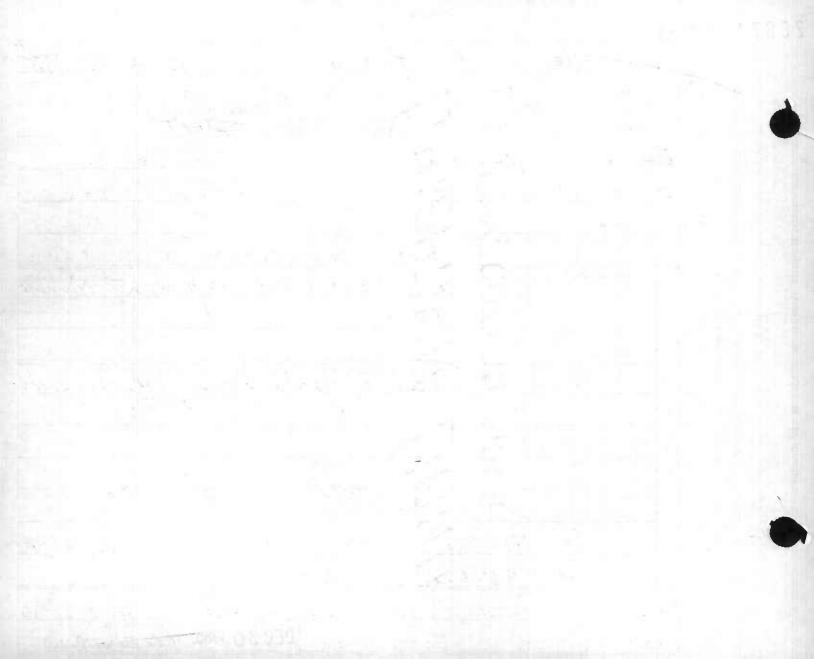
0 3 0 -					STATE OF N	ARYLAND	15 0	44	7	1 1
127398 DEI	1	7 STADE		DEPARTA		AND MENTAL HY	SIENE 8 6	5	0	0 0
0/-		REGISTRAR			CERTIFICAT	E OF DEATH	REG. N	10.		TO THE LOCAL
		CEASED NAME DERST	Perry	MMN	LAST I	ONDS A	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 29
oge 3	TAP	rep	2RY		Bo	onds	2000	m bei	7.1986	324
you do	3. SE	Х	4. RACE		5. DATE OF BIRT	н	6. AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ctor.	1	Male	Bla	ck	March 1	0. 1910	76	YRS.	ONTHS DAYS	HOURS MIN.
Pog dir	7u. B	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
oth.		Maryland	US	SA	MARRIED LA	DIVORCED		TALL	DOT	MD.
D 3	10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTH		12a USUAL OCCUPAT			BUSINESS OR
W to soft		EASTON	(IF NOT IN SU	THE PACILITY, GIVE STREET	0 1	Hospital	Custodian	(ret.)	Publi	c Schools
. no	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e.STREET ADDRESS	7	rilehma.	n Terrace
ulled and			enAnne's	Centrevi		ISIDE CITY LIMITS?	Apt. 213. 1	04 TH 7s	hman A	ve., 2161
· · · · · · · · · · · · · · · · · · ·	- Continues of the	ATHER'S NAME	ename s	1 General		OTHER'S MAIDEN NA		0 , 1116	200000000000000000000000000000000000000	,
1 42 1//	1/	FIRST	MIDDLE	LAST Don de		FIRST	WIDDLE		TOT	son
1 /4	160.	Edmond WAS DECEASED EVER IN U.S.	ARMED FORCES?	Bonds		Mary FORMANT Wife		655 .1		
1 50 pm		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)			11 2 2 1				Apt.213
1 22 0	-		WW II	177-14-4		Grace B	onds, Centr	eville.		
5 LOAT		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	r line foxio), (b), one	dici)	0	, Δ			MATE INTERVAL
1 161)1			TATE CAUSE (a)	Acrit	e car	diac	Aven		100	MEDIATE
1111	100		DUE TO, C	R AS A CONSEQUE	NCE OF				Can	. 1 . 0-
o o o o o o		Conditions, if ony, which	(d)	AS	20.00				Secre	racyz.
the rem		gove rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
thot d by eose of, c		underlying cause lost	(c)_							
uires en pl buri ury, o	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT F	ELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	N IN PART 110	
required si	CERTIFICATION	Trance	illes	+	120.					
low de par	S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION WAS	PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDING ING CAUSES (GS USED OF DEATH?
The con	1 E						YES NO	YES		NO 🗆
physicie infroste infrost of Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF	110110 4		Y YEAR	IOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT I OR PART 2)	
rysicial ding ph s certifi buriol-tr Mental or them 1	18	(IF EITHER NOTIFY MEDICAL EXAM		.M.	19					
I c c - o	MEDICAL	216 INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	21f. L	OCATION STREET	CITY OR TO	OWN	COUNTY	STATE
offer of street of street	2	NOT WHILE	(Arrionic or	NEED, TACTORY, OFFICE, F	and the					
ADIN or ose o se o	83	27s 1 portify that (I) (this ho	imital) attended th	ne deceased from_	5-36	19 71	10_/2	-7.11	900	hot (I) (we) lost
TTEN Sortol For up of H.		show the decoased alive	Triff	ofter death.	6 , and that	in (my) (our) opinion	death occurred on the c	date and hour o	and from the c	ouses stated
R A hosp		77h FIGNIA LIN	not sew the pody	otter death.	DEGRE	E			22c. DATE S	SIGNED
the h the h L DIR toche e Dep	1	TAI	,1		1.5	ATTENDING .	MEDICAL STA	FF CIANI C	12-	8-86
PHA by by Stort	1	224 PHESICIANS NAME IN	CONTRACTA		1220	ADDRESS GL'as	olville, A	2163	8	
TO HOSPITAL retained by thi TO FUNERAL I should be deto with the State I IMPORTANT. II		Ralph E. Li			(S RASS	nville	1 his	216	338
Sho of Sho	23n	BURIAL, CREMATION, REMOV		123. N	IAME OF CEMETE	RY OR CREMATORY	123d LOCATION	•		
BP		(SPECIFY)					CITY OR TOWN		COUNTY	STATE
DF	24 E	Burial UNERAL DIRECTOR Bat		eral Home	reter's	Cemetery	Queens to			Md.
DHMH - 16 60M 7/84		mes H. Barton		4.D.D.D.C.C.C	Ma 04	1111-1	1 1 1986 4	1	dorn-Rand	
(VRA 15, 4)	US	unes n. barton	, Jr., Ge	um eville	, Ma. 21	01/	1000	the freeze	M. M. Verra	

LEST TO THE TANK OF THE PARTY O W - 7-11

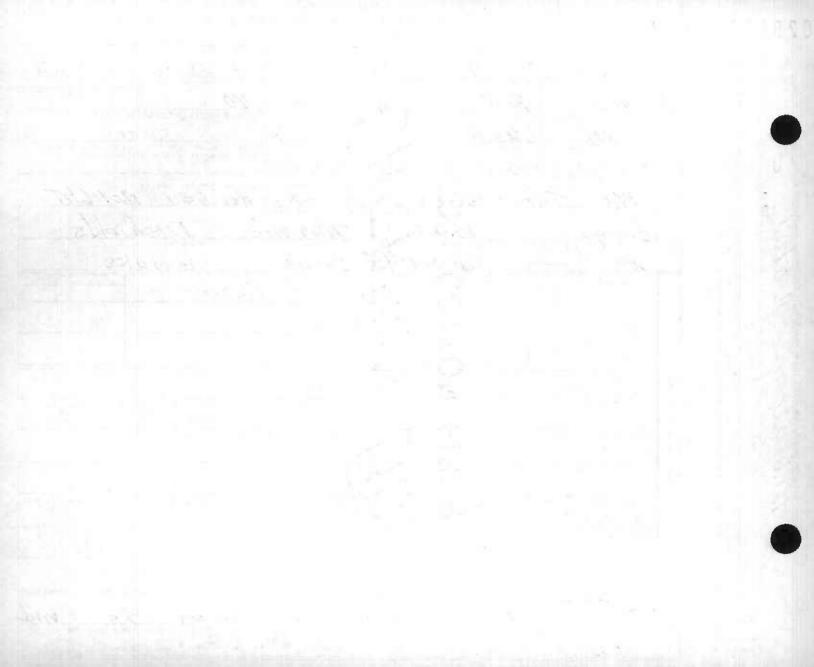
	1.	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 👌 Ó	3 6	. 0 1
29154 JAN-	-3 5	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0	
		ECEASED NAME FIRST RO	obert MIDDLE Joseph	h LAST BOOZE			AR 2b HOUR
by be oge 3	1	Robert	1	oze	12-2	2-86	1/43 M
moy .	3. SI		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		
rector	L	Male	White	November 21, 1921	65	YRS.	DAYS HOURS MIN.
Juneral di In 72 ho	500	STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEAT	H MD.
by the fulled with	10.0	OSton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	Civit fugir	ON 12b. KII F WORKING LIFE) INDUS CONS	ND OF BUSINESS OR STRYBuilding struction
24 haur filled in ould be in must be	130	JAL RESIDENCE (IF NURSING HOME OF STATE 13), COURT Queen		N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / R.D. 2, Bo	7 TIP CODE	21617
MARYLA mpletely and 2 sh	IA. F	Joseph	Module Logan Booze	15 MOTHER'S MAIDEN NA. Hilda N			einbach
BALTIMORE, MARYLAND cote be executed within 24 systicon and completely filler opers. Pages 1 and 2 should wol. it, the medicolexaminer mus	160.	WAS DECEASED EVER IN U.S. AR (YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	11220	ADDRE	R.D. 2, B	ox 147
, BALT icate the hysicia popers aval.		18. CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly ane cause per line far (a), (b), an	d (cv.)			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
TST But b	1		TE CAUSE (o)	on concerc	-		9 mo
M. PRESTO		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE Ib)				
PRDS, 20 medices of Then plant injury, or	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(o)
AL RECO	CERTIFICATION	190 DATE OF OPERATION	. 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	INDINGS USED USES OF DEATH? NO
DIVISION OF VITAL RECORD W.C. PHYSICIAN. The law may other this certificone has been a fer this certificone has been a on the bayinal trained permit this and Marrial Hygiese prior to anked as then 18 shows ony my		210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21t. HOW INJURY OCCURE 19	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PAR	PT 2)
orther this on the big the and M and	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
CTOR. A far view		sow the deceased alive an	ital) ottended the deceased fram 12 - 2 - 19 - 41 view the bady after death.	, and that in (my) (aur) apinion	to 12 - Z death occurred on the do		mai (ii (*****) 1031
AL OR AL OR AL OR AL DIRECTOR CONTROL CONTROL DIRECTOR CONTROL CO		22b. SIGNATURE	of oce	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		DATE SIGNED
O HOSPI Tollined by O FUNE Medid by WPORTAL		Stephen P. Ca	arney, M.D.	22e ADDRESS Easton, Md	21601		
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Suitland	Prince Ge	STATE Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		uneral director Barton.	on Funeral Home Jr Centreville	250. DAT	PREC'D. BY REGISTRAR	25h REGISTRAR'S SIG	NATURE

The second of th doednickl (strength with the strength with the strength of the the contract of the contract o the state of the property of the state of th

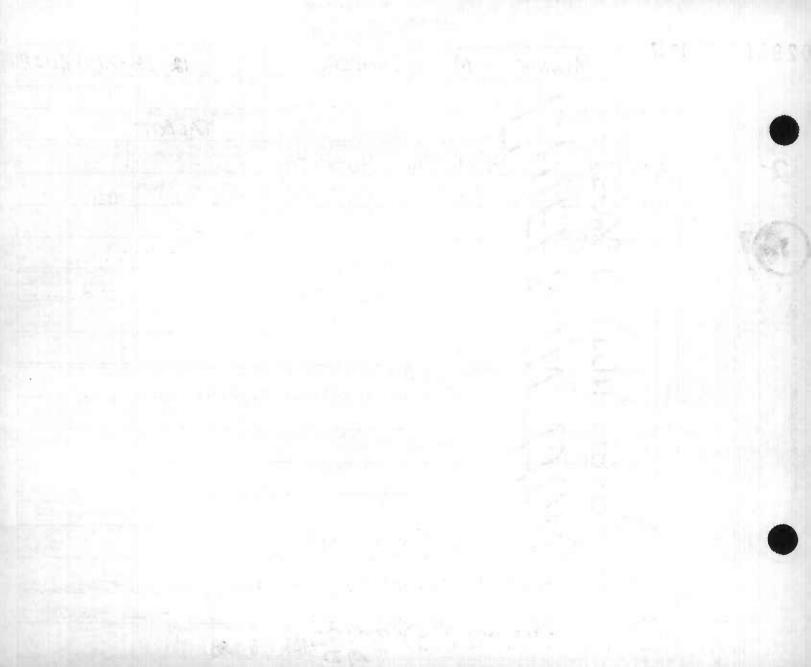
8671 DEC 31	96	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND I	MENTAL HYG	REG. NO	3	6 -	V
moy be		CEASED NAME OR PRINT)	FIRST /ec		MIDDLE .	Br. S. DATE C	A CL V		20 DATE OF DEATH	MONTH DAY 2 - 26 HDAY) IF	-86	M UNDER 24 HRS
4 4		emale		Whit		05"	13	°02	84		IOURS MIN.	
eoth. P		reland	OREIGN	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER A	VORCED	9. BALTIMORE CITY OF	COUNTYO	FDEATH	MD.
ors ofter d	E	ASTON		Men	HOSPITAL, NURSII	ADDRESS)	OR OTHER INST	NOITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FINANCIA)	WORKING LIFE)	126. KIND OF EINDUSTRY I.R.S.	
MARYLAND 21 ed within 24 hours and 2 should be	13a. :	AL RESIDENCE IF NURS TYPI TYPI TYPI TYPI TYPI TYPI TYPI TYPI	136 COUN	TY	13c. CITY OR TOV Easton		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS /		21601	
A within	14. FA	THER'S NAME	٨	MIDDLE	LAST Panks			FIRST	WE		LAST	
		John WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	Banks		Mar 17 INFORMA		ADDRE	SS	0'Ha	re
BALTIMORE, cate be execu- pitician and its apprission produced mail.	no		(IF TES, GIVE	WAR ON DATES)	139-20-	5709	John	J Brady	P 0 Box 10)47 Eas		
		PART I. DEATH W		E CAUSE (a)	_ mor		lyoc	ardia	l donfus	utun	APPROXIMA BETWEEN ONS	Ma La,
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN. The low requires that the deoth certification payons upon the deoth certification for the build hamili germi. Then place remove corbon than and Merchal Hygiene pator in build. certificate action of the deoth Hygiene pator in build.		Conditions, if ony, gove rise to imm cause (a), statin underlying couse	nediate g the	(b)_	R AS A CONSEQU	H()						
ORDS, 20 requires Thesipile or to burity, a	TION	(K)	Zeer	191	Deed	nea.	2 Th	shu	Cen	DITION GIVEN	My My	osetu
At REC	CERTIFICATION	19a. DATE OF OPERA	HON	19K COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES NO	20b. IF YES, Y IN CERTIFYIN YES	VERE FINDING NG CAUSES OF	S USED F DEATH? NO []
OF VIII		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEAT			AY YEAR	ZIc HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
IVISION Offerfor offerfor offerfor of the for of the for	MEDICAL	21d INJURY OCCURE	BLE C	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATIO	ON	CITY OR TOV	VN	COUNTY	STATE
TTENDIN STOR At for one of at Health		22a.1 certify that (1) saw the decease above, (1) (we) (c				1	1975 and that in (my)	, 19 (our) opinion i	, to	. 17.		ot (I) (we) last
IAL OR A V the her ALL DIRECTOR Dept. If them		226. SIGNATURE	57	ufter	Jours!		109)	TTENDING PHYSICIAN	MEDICAL STAF		12 DATE SIC	26/66.
O HOSPI formed by O Funds hearly be with the S		226 PHYSICIAN'S NA	ME (TYPE OR	PRINTI	1 soul		77e ADDRES	AST	on, md	20		/
BP	1	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR C		23d LOCATION CITY OR TOWN		OUNTY	STATE
12 7 12 12 12 12 12		UNERAL DIRECTOR	500	12/29/		spring	Hill (25a DAT	E REC'D. BY REGISTRAR		albot R'S SIGNATUR	MD E
DHMH - 16 60M 7/B4 (VRA 15, 4)	Ne	wnam Funer	al Ho	me	East	on, Ma	ryland	DEC	30 1986	Julia Da	viden Par	idaes



				STATE OF MAKTLAND		13-y E	
29481 JAN	-61	FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE & O	30 ~	1 1
20101011		REGISTRAR		CERTIFICATE OF DEATH	REG. N	О.	
		ECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
noy be poge 3	(14)	DOROTHY	1/	Brooks	12-28	- 86	11 AM
you bog	3. SI		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BI		IF UNDER 24 HRS
p the	3. 5		01/4	MONTH DAY YEAR		MONTHS DAYS	HOURS MIN.
ge ge	1	-emala	18/15	11 16 16	70	YRS.	
g p 2 20/	7a. E	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	
00 72 pt.		MAN AND AND AND AND AND AND AND AND AND A	1164	WIDOWED DIVORCED		TALBOT	MD
de fre	10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		F BUSINESS OR
- 1 # # B /#X		606-0	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST		
5 A 5 9 5 8 7		EHSTON .		TAC AT EASTON MOU	NC		
Per Per	13a.	STATE / 13b COU	NTY 136. CITY OR TOW		13e STREET ADDRESS	171P CODE 02/6	201
2 2 E		Med 1	black Goston	YES TO NO DE	Rouble	1 Roll	15
Sh cid year	14. F	ATHER'S NAME	4000 1213101	15. MOTHER'S MAIDEN NA	AME	1 25-10	,
		FIRST	MIDDLE LAST 1	FIRST	4 MIDDLE	Da-1-14	
F. 2 / (2)	4	Orwgp	6 MOUN	5 //27/11	16	LISAJPIU.	2
nond c		WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES)	JRITY NO. 17. INFORMANT	AUUR	100	
B 20 1		KIS -	- 220.03	6645 Doves	Y-	3 va o ks	
the in the interest of the int		IR CAUSE OF DEATH (Enter o	nly one cause per line for (a) (b) or	diell	/1	APPROXI	MATE INTERVAL ONSET AND DEATH
pop pop novo			nly one couse per line for (a), (b), or ED BY:	165PIRATOR	HARREST	BET WEETING	JINSET AIND DEATH
200 5 9		IMMEDIA	TE CAUSE (o)	13011111111	61100000		
o the contraction			DUE TO, OR AS A CONSEQU		Rancini	40	,
S S S S S S S S S S S S S S S S S S S		Conditions, if ony, which	((b))G	UERE ASTHMODE	DRONGHITIS	1/2	. 5-
五 名 市 中 市 市		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			
\$ \$ 5 € \$ 5 € \$		underlying couse lost	(3)				
2 8 = 0 0 0 0		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINIAL DISEASE OF CON	IDITION CIVEN IN PART 1	
Sign sign	z	-		- / 1 0/22 22 1/	WIITAL DISLASE OR COM	DITION GIVEN IN PART TO	
8 / 2 E E E E E	18	19n DATE OF OPERATION	2000	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	100 11050
A E E E	2	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPST?	IN CERTIFYING CAUSES	
he long it per iene	E				YES NO	YES 🗀	NO 🗌
VITA N. Th Nysicio reansit Hygie	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2)	
SICIAL SICIAL CERTIFICATION OF THE PRINCIPLE CERTIFICATION OF	A	OR CONTRIBUTING CAUSE OF DE		AY YEAR			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION			
IVISION IG PHY offendia rer this s the bu	¥.	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	Own County	STATE
S S S S S S S S S S S S S S S S S S S		AT WORK AT WORK		1/2001		1000	
Z - Z - Z - Z - Z - Z - Z - Z - Z - Z -	10	22a. I certify that (1) (this hosp	pital) aftended the deceased from_	12/18 19 06	, to		that (I) (we) lost
OR ATTEN e hospital DIRECTOR sched for user Dept. of Hem	9	sow the decement has a	of view the body after death.	ond that in (my) (our) pinion	death occurred on the d	ote and hour and from the	causes stated
hos hos hed hed ept.		27% SIGNADORE		DEGREE		22c. DATE	SIGNED
4 4 0 -		3. 36	I here the	ATTENDING	MEDICAL STA	FF J	rolle
by de de de NNT	-	22d. PHYSICIAN'S NAME (TYPE	OR ORINITY	A DDDDECC	DIRECTOR PHYSI	CIAN	00 0 -
HOSPITAL bined by the FUNERAL ould be detty the the State		(, , , , , , , , , , , , , , , , , , ,	D. FRIGOMAN		21/12 05 /	SASTON NO Z	11601
		SLOW	D. The lead to Alle	403 MAR	evec co	- 3///	-1001
5 € 5 € ₹ ₹ 1	23a.	BURIAL, CREMATION, REMOVA	1 23h DAJE / 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
BP		TODOCHY)	1/2/97	en imilité	Sas for	COUNTY	STATE
VI	24 1	FUNERAL DIRECTOR	112000	1 250.00		256 REGISTRAR'S SIGNAT	LIPE
DHMH - 16 60M 7/84		NAME C	ADDRESS	SAtan ml IA	N 5 1987	1	
(VRA 15, 4)		00411	JUSHU !	113611 119.	0 100/	Julia Davidson.	Kandaes
							7



			1-	FOR STATE REGISTRAR			D		ENT OF H	OF MARYL EALTH AND CATE OF	MENTAL HY	GIENE	Ö Ö REG. N	3	5 %	6.24
295	poge 3	JAN I		OR PRINT)	FIRST	IE	MIOOLE M.	ARIE	CAN	IPER			E OF DEATH	2- 28	3-86	402 PM
OE .	. 0	- 0	3. SE)			4. RACE			5. DATE O		YEAR	6. AGE	(IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	HOURS MIN.
9e 4	ector irs of			FEVALE	- 134	CAUC.				E 28,		8		YRS.		
eoth. Po	nerol dir	2 ge		RTHPLACE (STATE OR F COUNTRY) MARYLAND	OREIGN	76. CITIZEN OF			8. MARRIED WIDOWE		MARRIED	9. BALT	TAL	-BOT	OF DEATH	MD.
S offer d	by the fu		10 CI	ASTON	тн	11. NAME OF		NURSING		+OSF	ITAL	(TYPE OF	UAL OCCUPAT WORK FOR MOST USEWIFI	OF WORKING LIF		OF BUSINESS OR
0	and place in	包	13a S	AL RESIDENCE (IF NURS	13P COAN		13t. CITY	OR TOWN		13d. INSIDE	CITY LIMITS?	13e.STR	EET ADDRESS	/ ZIP CODE		
3	A STATE OF	DO	14 FA	THER'S NAME FIRST GEOR		THAMER		LAST		15. MOTHER	S MAIDEN NA FIRST WARY		HARRIS	SON	LA	ST
	725	lica /		VAS DECEASED EVER		MED FORCES?	16b SOC	IAL SECUR	ITY NO.	17 INFORM	ANT		RÎ#	Eis BOX	108	
	1	1/	N				220-	46-54	107T	JOHN	M. CAM	PER J	R. ROY	AL OAK		
officery,	physics andoper emoval.	person, the		18 CAUSE OF DEAT PART I. DEATH W		ly one cause pe D BY: E CAUSE (a)	er line for (a	1), (b), and	(0.)	200	Due	mi	a	S. 1	BETWEEN	CONSET AND DEATH
8 6	9 0 0	340				DUE TO, O	OR AS A CC	ONSEQUEN	ICE OF	0						0
N. rates	by the other one remove it, cremotion	other troum		Canditions, if any, gave rise ta imm couse (0), statin underlying cause	nediate g the	DUE TO, (c)	OR AS A CC	ONSEQUEN	NCE OF							
od men	A signed Then ple to byrno	minny, or	NOI	PART 2 OTHER SIGN	DO V	ONDITIONS	ONTRIBUT	ING TO DE	_		D TO THE TER	1	L'ACO		EN IN PART 1	(a·
Ne ibe	has bee t permit one prio	2	CERTIFICATION	190 DATE OF OPERA	HON	19b. CONI	DITION FOR	R WHICH C	PERATIO	N WAS PERF	ORMED	20a YES	AUTOPSY?	20b. IF YES	S, WERE FINDS FYING CAUSES	
Ches. 1	artificate altransi mol fransi	9	1000	21a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MON P.M.		YEAR	21c. HOW I	NJURY OCCU	RRED (EN	TER NATURE OF INJ	URY IN ITEM 18 F	PART I OR PART 2)	
G PHYS	attending her this on a the burn t and Me	wed or it	MEDICAL	21d INJURY OCCUR			E OF INJUR		Lico	211 LOCAT			CITY OR T	OWN	COUNTY	STATE
TENDIN	TOR Aff	21 is mp.		220.1 certify that (1) caw the decease above (1) (we) (6	this haspited alive on	W		9), ar	ed that in (m)	, 19	, to _ n death ac				that (I) (we) lost causes stated
● 4 40 4 7	FAL DIRECTOR COLORS	NT. II hem		2b. SIGNATURE	SIM	ule	X	\$	101	122e ADDRE		MEDI	CAL STA	AFF ICIAN 🗌		E SIGNED 12-29-86
4SOH O	TO FUNER chald be a	MPORTA		*	125L	Jet !	0, 6	BOHA	N) 1	40 0	UICHMAN		NE EAS	STON, J	MARYLAN	D 21601
-	BP			BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	23b DATE	21 1			TT CEV	CREMATORY		CITY OR TOWN	TATT	COUNTY NAT	STATE OVE AND
			_	UNERAL DIRECTOR	2	DEC.	7	0.00 I	em	ud			BY REGISTRA	TALB R 25b. REGIST		TURE
DH	MH - 16 60A (VRA 15, 4		1	LION AR!	Fu	NERI	0 1	AODRESS	- ST	Mud	WARD !	061	980	le r		The second second



		FOR		DEPAI		OF MARYLAND EALTH AND MENTAL HY	SIEME SE A	- 3	6	Con.	U
	1 -	STATE REGISTRAR		DELA		CATE OF DEATH					
U JAN -	. DEC	EASED NAME FIRST	011-	MIDDLE TT-	L/	AST CLATETT	REG. I		DAY YE	AR 2b F	HOUR
o + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	(TYPE	OR PRINT)	Otto	Har.	/	CAPEL		12	15 8	6.	500 M
may be page 3 ter death	3. SEX		4. RACE	11.	5. DATE O	And the second s	6 AGE (IN YEARS LAST &		IF UNDER 1	EAR IF UN	NDER 24 HRS
soft.		Male	W	hite	Febru	ary 5, 1912	74	YRS.	MONTHS D	AYS HOU	JRS MIN.
Poor Poor		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	MARRIET	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEAT	Н	174
in 22		Maryland		SA	WIDOWE	DIVORCED [Talbo	+ Cau,	vtu		MD.
by the full with the filed with	10. CI	Easton		H FACILITY, GIVE STE		Hospital	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Fur Deale	OF WORKING LIF	FE) INDUS	ND OF BUS TRY W Fu	siness or
d in	₩SUA 13a S	L RESIDENCE (IF NURSINGHOME TATE	OR OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Benne	tt Po	oint R
The second	Ma		nAnne's	Queens		YES NO 🛣	R.D. 1	, Box	94	216	
12 st	I4 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIDDLE -			LAST	
ond low		Otto Fer	dinand	Cap	el	Emily	Isabe		Ba	tche	lor
dicol		AS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SE		17. INFORMANT SOI		RESS R.D		Box 9	95
a B B		No		219-03	-7665	W. Thomas Ca	pel, Queens	town,			INTERVAL AND DEATH
seen signed to a control of The the control of the	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION	(b)		QUENCE OF	NOT RELATED TO THE TER			VEN IN PAI		USED
Z inte	TIFIC						YES T NOT		FYING CAL		DEATH?
physical politic	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF IN	JURY IN ITEM 18 1	PART I OR PAR	17 2)	
the the burner of the burner o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR	TOWN	COUNT	Y	STATE
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		220.1 certify that (1) (this has		ne deceased fra	m	, 19	, ta	,	19	that	(1) (we) last
8945		saw the deceased alive abave, (1) (we) (did) (did	an nat) view the bady	after death.	9, ar	d that in (my) (aur) apinian	death accurred an the	date and hav	ur and fram	the cause	es stated
2 2 2 2 2 2		mula mula	Bent	_		DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	120 1	2/16	18C
4 4444 # 1						22e. ADDRESS					
od by the check the Stone De S		224 PHYSICIAN'S NAME (TYP									
named by the room of the design of the desig		Michael Bie	nefeld,				m, Md. 216	20			
8 0823	23a. B		enefeld,	2		Chesterton EMETERY OR CREMATORY field Cemeter	234 LOCATION CITY OR TOWN		COUNTY		STATE

Annual Control of the Control of the

TITLE OF WORK FOR MOST OF MOST IN SURFING AND STREET ADDRESS / ZIP CODE STATE			STATE OF MARYLAND			1	1			
DECEASED NAME PAGE STATE OF BOATS TENDER TENDER	4			DEPART	- STATE	1-				
TITLE OF PRINT) 1. SEX 1. RACE 1. SATE OF BRITH 1. SEX 1. SEX 1. RACE 1. SATE OF BRITH 1. SEX	Tal HOUS						AN -	15 1	5 2	1
3. SEX CRACE S. DATE OF BRITH AGE (INVERSISAS BRITICAN) EURIST YER COUNTRY COUNTRY	26 HOUR 40		(h)	MIDDLE				m#	J /	-
THE CONTROL DATE OF THE PART OF TORROR OF THE ACT OF THE PART OF T							200	and ded	d d	ă
ASUAL RESIDENCE IS MURITIME OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12. USUAL OCCUPATION 13. LITTLE OF OWN OF DEATH 13. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 14. CITY OR TOWN OF DEATH 15. CITY OR TOWN OF DEATH 16. CITY OR TOWN OF DEATH 17. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 18. STATE 4. STATE				4. RACE	SEX	3. SEX		4		1
MARRIED MOVER MARRIED MOVER DO DOWN OF DEATH I.I. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I.I. SUJUAL OCCUPATION I.I. SUJUA				15				900	3	á
18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. USUAL OCCUPATION 12. STREET ADDRESS / ZIP CODE 13. STATE 13. STATE 14. STATE 15. NO GO UNDESCRIPTION 15. STREET ADDRESS / ZIP CODE 15. MOTHER'S MADEN NAME 16. CITY OR TOWN OF DEATH 17. NO GO UNDESCRIPTION 18. CAUSE OF DEATH. Enter only one course per line for but 10. CONFIDENCE OF 17. NO GO UNDESCRIPTION 18. CAUSE OF DEATH. Enter only one course per line for but 10. CONFIDENCE OF 18. CONFIDENCE OF CONFIDENCE OF 18. CONFIDENCE OF CONFIDENCE OF 18. CONFIDENCE OF CONFIDENCE OF CONFIDENCE OF 18. CONFIDENCE OF CONFIDE		BALTIMORE CITY OR COUNTY OF DEATH	MARRIED NEVER MARRIED	76. CITIZEN OF WHAT COUNTRY			51	10 G		9
ASUAL RESIDENCE IP PORTING VOID OF CONTRIBUTING TO PART 10 PAR	MI	Talbot Count		115	MQ		2	25 4		Sect
SULAR PESIDENCE IS NORMAN ENDIFICION, CINE RISOBNIC INFORMANCE INC. OR TOWN. 13. STATE 13. STATE 13. STATE 13. STREET ADDRESS / ZIP CODE 14. FATHER'S NAME 15. MOTHER'S MADIE 16. WAS DEFEASED EVER IN U.S. ABMED FORCES! IN SOCIAL SECURITY NO. 17. IF YES, GIVE WAS OR DATES. 18. CAUSE OF DEATH IETHER ONly one couse per line for bit. 10. ORDITION STREET IN THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH IETHER ONly one couse per line for bit. 10. ORDITION STREET IN THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH IETHER ONLY ONE COUSE DEATH (in) 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 19. DUE TO, ORRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. DUE TO, ORRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. (in) 19. CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. OR PART I.	OF BUSINESS OR				CITY OR TOWN OF DEATH	10. CI	410	23		1
13a STATE 13a STATE 15a COUNTY 15a C							10	P P		10
14. FATHER'S NAME NODIE 18. MOTHER'S MAIDEN N		e.STREET, ADDRESS / ZIP CODE	DMISSION)	OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE	SUAL RESIDENCE IF NUR INTERNATION	USUA 13a S	20	5 2		hou
16 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. II PROBABAT! ADDRESS IN SOCIAL SECURITY NO. II PROBABAT! IN SOCIAL SECURITY NO. III PROBABAT! IN S	1656	et, 5×67 2		Ephlice Prest	Md. VC		35	ould by		22
160 WAS DECEASED VER IN U.S. ARMED FORCES 18 SOCIAL SECURITY NO. III PIFORMANI ADDRESS 19 S. NO OR UNDICED! 18 YES, GIVE WAS OR DATES) 18 YES, GIVE WAS OR DATES) 18 YES, GIVE WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for su. (b). and (c) APPROX. APPROX	AST	MIDDLE A D LAS	15. MOTHER'S MAIDEN NAME	MIDDLE		14. FA	1	total .		4
18 CAUSE OF DEATH (Enter only one couse per line for line done line to line done line line line line line line line li		e Kleyband	Mala	of Huldwan	Makkeng	1	7576	110	ķ	-
18. CAUSE OF DEATH (Enter only one couse per line for in 10. and i		ADDRESS	ITY NO. 17. INFORMANT	S. ARMED FORCES IM SOCIAL SEC	WAS DECEASED EVER IN U.S. A	16a V	37	1		ii i
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Salues	102W 102W	07500 IVA 1	215-09	TYES, NO OR ONLOGO THE TESS, G		1	7.2	ì	E.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	XIMATE INTERVAL NONSET AND DEATH	APPROXI BETWEEN	ici) a d T c	ter only one couse per line for all this o	18. CAUSE OF DEATH (Enter of		ě	28.7	•	-
DUE TO, OR A CONFIGUENCE OF CONDITIONS, if any, which gave rise to immediate course [0], stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TRELATE TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO TR	yes	Morascular disease	orderone la	AUSED BY:	PART I. DEATH WAS CAUS		rent	phy mon		Hee
Conditions, if any, which gave rise to immediate couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(c) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITION GIVEN IN PART 1(c) PART 2. OTHER SIGNIFICANT CONDI	0	1	ICE OF		MANATEDIA		ž	B 4 5		-
gave rise to immediate couse alost. DUE TO, ORAS A ONSEQUENCE OF underlying couse lost. COUNTY	41	da	Vla -	1408 CV /	Conditions, if any, which		DILLIN	200		100
Underlying cause lost. (c) UNITED ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED 21c. HOW INJURY OCCURRED 21c. HOW INJURY OCCURRED 21d. NOT WHILE 21d. HOWR. STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION 21l. LOCATION 22l. Loca			ISSOS AND A	te	gave rise to immediate		Ē	and to the		2
90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FIND IN INCERTIFYING CAUSES YES NO PERFORMED 210. ACCIDENT WAS UNDERLYING PART 1 OR PART 2 OR CONTRIBUTING CAUSEOF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INCERTIFYING CAUSEOF PART 2 OR CONTRIBUTING CAUSEOF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 212. INTURE OF INJURY COUNTY OFFICE, FARM, ETC.) 213. INCERTIFY ING CAUSEOF INJURY OR COUNTY OFFICE, FARM, ETC.) 214. INJURY OCCURRED 215. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. INJURY OCCURRED 217. INDURY OCCURRED 218. COUNTY OFFICE, FARM, ETC.) 218. COUNTY OFFICE, FARM, ETC.) 219. ON the deceased office on obove, (I) (wep-fidid) (did not) view the body offer death. 220. DAFE 221. TENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 222. DAFE	M	w N	- 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	DOL TO, ONLY OF PORTOLOGIC			ŧ	515		1
218. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. PLACE OF INJURY 19 216. PLACE OF INJURY	101	AL DISEASE OR CONDITION GIVEN IN PART 10	ATHOUT NOT RELATED TO THE TERMIN	ANT CONDITIONS CONTRIBUTING TO	PART 2 OTHER SIGNIFICANT		o A	B 9 9		0
216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. STREET 218. L'eartify that (I) (this hospital) attended the deceased from 19 , ond that in (my) (our) opinion death occurred on the date and haur and from the obove, (I) (way (did) (did not) view the body after death.) 218. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. J. COUNTY 210. L'eartify that (I) (this hospital) attended the deceased from 19 , ond that in (my) (our) opinion death occurred on the date and haur and from the obove, (I) (way (did) (did not) view the body after death.) 218. SIGNA WIRD 219. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIR					5	N N	union	The st		1
210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET 212. Location STREET 213. CITY OR TOWN COUNTY 214. Certify that (I) (this hospital) attended the deceased from 19 , ond that in (my) (our) opinion death occurred on the date and hour and from the obove, (I) (worldid) (did not) view the body ofter death. 215. SIGNA WRY) 216. TIME OF INJURY (AT HOWE A.M. MONTH DAY YEAR PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN		200 AUTOPSY? 20b. IF YES, WERE FIND IN	PERATION WAS PERFORMED	196. CONDITION FOR WHICH	90 DATE OF OPERATION	SA.	6	Dr. Dr. D		1
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED NOT WHILE AT WORK 22a. I certify that (I) (this haspital) attended the deceased from 19 , and that in (my) (our) opinion death occurred on the date and haur and from the obove, (I) (weeldid) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 121 22b. SIGNATURE OR CONTRIBUTING CAUSE OF PAIH P.M. 19 21l LOCATION STREET CITY OR TOWN COUNTY COUNTY ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DEGREE	NO []		The second second			#	8	2 4	6	2
P.M. 19		(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)		110110 1 11 11011711 5	210. ACCIDENT WAS UNDERLYING	8	60	Cote Cote	SHA	Z
270. I certify that (I) (this hospital) attended the deceased from				OF DEATH	OR CONTRIBUTING CAUSE OF DE	¥.	1	100	d.	5
27a. I certify that (I) (this hospital) attended the deceased from	STATE	CITY OR TOWN COUNTY			21d INJURY OCCURRED	ă	ò	his c	į	大
sow the deceosed olive on					NOT WHILE	2	y y	14.0		Of a
obove, (1) (week(did) (did not) view the body ofter death. 27b. SIGNALORY ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/1	, that (I) (we) los	, ta, 19,		hospital) attended the deceased from	22a.1 certify that (1) (this has		90	A di		00
276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 121 276. DATE 121 121 121 121 121 121 121 1	e causes stated	th occurred on the date and haur and from the	, and that in (my) (our) opinion dec	ve on19_	sow the deceased alive a		77	10 P		TEN
PHYSICIAN DIRECTOR PHYSICIAN 141	E SIGNED			02-1			-	# F 6		A pot
274. PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS	11186			a-10m	I tal		=			24
2248	J - 0			(TYPE OR PRINT)	224. PHYSICIAN'S NAME (TYPE	1	Z	1 E E	100	SPIT
					THE RESERVE THE		ŏ		Ĭ	P
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION			AME OF CEMETERY OR CREMATORY	OVAL 23b. DATE 23c	30 BURIAL, CREMATION, REMOVA	23a F	3	51.5	190	0
(SPECIFY) B 12-15-86 IM+ College Pass to County	are My	PASS TO COUNTY	Mt Ckliens	12-15-86	(SPECIFY)		3.01	p	P	P
24 FUNERAL DIRECTOR	TURE	ECD. BY REGISTRAR 256 REGISTRAR'S SIGNAT	16 25 PATER	7 100	I. FUNERAL DIRECTOR	24. FI			n	
(VRA 15, 4) PAN 1 1981 Glas Decider		7 1981 Julia Deviden	O6 Sastra JAN	dalel CADS	E 2.03	18				DHA

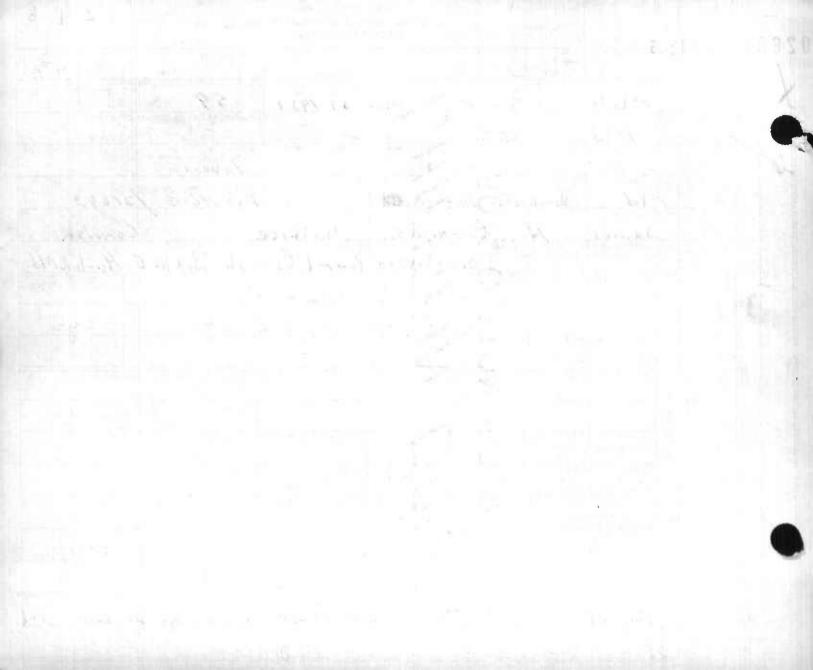


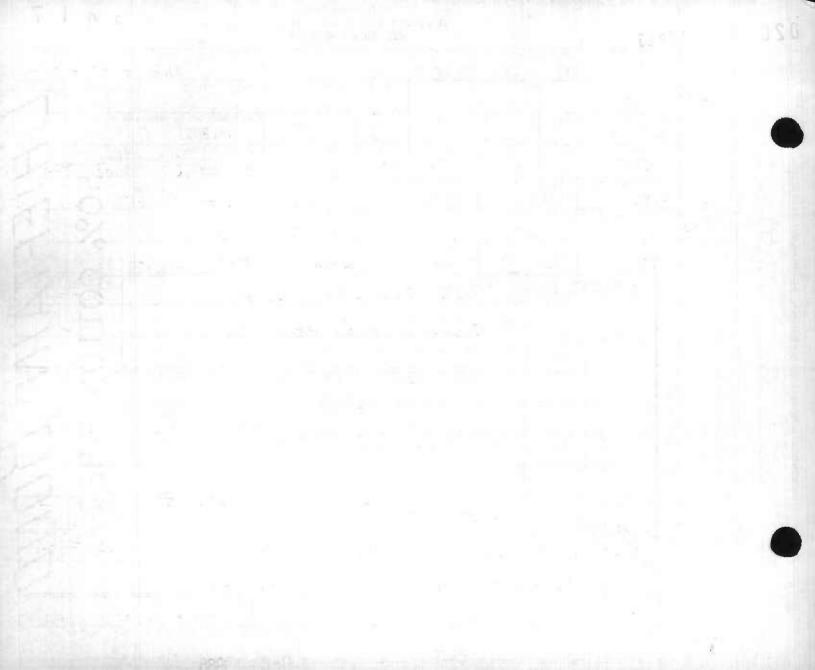
	1			STATE OF MARYLAND		2 6 2 1 5
1 6 7 IAM	13	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE () () REG. NO.	3 0 - 1 9
1 T Onit		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
n m e		E OR PRINT)	-	21		1 1180
poge 3		Harry	V (LENNAN	12-18-8	6 // AM
ou od	3. SE	X / 4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
s oft		Male	White	MONTH DAY YEAR	81 YR:	MONTHS DAYS HOURS MIN.
dire	70 B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	
54	De	troit, Mich.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Talbot	MD.
10 PM	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	DORESSI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
7 × 5	1	aston 1	MILMORIUI	HOSDI+01	Printer .	Printing
uid be	130 M	ALRESIDENCE (IF NURSING HOME OR O'STATE 136 COUNT aryland Saro	line Preston	13d INSIDE CITY LIMITS?		DDE 711655
short short	100	ATHER'S NAME	=======================================	15. MOTHER'S MAIDEN N		111
det det			Clennan	FIRST	WIDDLE	LAST
6	9	TIMOTHY D.		Bridgette	Murphy	12
		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECUR	RITY NO. 17. INFORMANT	ADDRESSPr	eston, Md.
0.3		YES NO OR UNKNOWN) (IF YES, GIVE V	289-07-	2390 M. Zelda	Clennan, Rt.	2. Box 41B.
1869	1				Oldinani, Mr.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and			
- Present		IMMEDIATE		tatic colon	carcinona	9-1-85
2104			DUE TO, OR AS A CONSEQUE	NCE OF		
ero on.	1	Conditions, if ony, which	(100		
of the state of th		gove rise to immediate	(b)			
2 5 5	1	cause (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		
91.0		underlying couse lost.	((c)			
0.5 %		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1ta
1 2 5 5	Z S		n	me		
- 9	- E	190 DATE OF OPERATION	•	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
Series	CERTIFICATION	THE DATE OF CHERATION	This correction to the territory		, IN CER	RTIFYING CAUSES OF DEATH?
To we	J E				YES NO	YES NO
onsit dygin	7 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
12 66		OR CONTRIBUTING CAUSE OF DEATH				
S To A	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	21f LOCATION		
# P 0	NA NA		(AT HOME STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
rke	1	WHILE NOT WHILE AT WORK		and the second		
E OE		22a I certify that (1)(this hospita	1) ottended the deceased from	9-1 1985	10 12-18	19 8Ce , that (I) (we) lost
H 2		sow the deceased alive on	12-18 198	and that in (my) (our) opinio	on death occurred on the date and	hour and from the causes stated
1 of 1 of 2		obove, (I) (wa) (Aid)(did not)	view the body ofter death.			
she che	-	226 SIGNATURE	-	DEGREE		22c. DATE SIGNED
te L	- 1	Robert W. 1	rever, M. D.	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-18-86
Sto Z		224. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS		
should be d				RD3 E	30x297 East	on, Md.21601
- 5 3 ₹ T			23b. DATE 23c. N	AME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY STATE
		(SPECIFY) Burial	Dec. 22.1986 A	d. Veterans Ce		orchester, Md.
	24 5	UNERAL DIRECTOR	DCC - 22 1 1 30 D		DATE REC'D. BY REGISTRAR 25b. REG	
6 60M 7/84	1	NAME 1	O ADDRESS	V 4162 100	C 7 0 4000 14.0	P 0
RA 15, 4)	17	ramptom - Have	woma 216 N.Ma	instited, Md	() () () () () () ()	e Dandurn-Kandalik

Clennan

ranopial Hospital

Matastatic color carrinor





Contract Con

		FOR		STATE OF MARYLAND		7 2 1 3
9062 JAN -	5187	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H		00 - 1 7
		EASED NAME FIRST	MIDDLE	LAST	REG. NO. 28 DATE OF DEATH MON	TH DAY YEAR 26. HOURS
oy be death	(TYPE	DORIS DORIS	INEZ	DAFFIN	becember	15 1986 33
moy pod er de	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
ector rs of	F	EMALE	CAU.	MAY 6, 1920	66	YRS. DAYS HOURS MIN.
Pour Phou		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR CO	DUNTY OF DEATH
de oth	1	ARYLAND	USA	WIDOWED DIVORCED	_	bot MD.
the fe	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN THE FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR INDUSTRY
by t	t	ASTON	Memoria	IL HOSPITAL	SEAM STRE.	SS CLOTHING
4 hou	130 S	TATE 13b COUL		WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE
2 =	MA	THER'S NAME	LBOT BOZI		IR+ 579	21012
	I4 FA	HER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
5 0	160 \	AS DECEASED EVER IN U.S. AR	TARRISON/	CURITY NO. 17 INFORMANT	ADDRESS	2///
Poges medico		ES. NOOR UNKNOWN (IF YES, GI	VE WAR OR DATES) 220-0.		O. DAFFIN. SR	BAZMAN M.D.
Frian He m		100			U. SHITIN, OK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hysid pope lovol		PART I. DEATH WAS CAUSE			+	BETWEEN ONSET AND DEATH
ic ev		IMMEDIA	TE CAMPACKEN - / Tempe	report Dures	0	,
0, c			DUE TO, OR AS A GONSEO	VENCE OF	1. 0 -	
frou	53	Conditions, il ony, which gove rise to immediate	(b) Coses	novanucur	raucino	
by mose in crea		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF		
pleo priol,		PART 2 OTHER SIGNIER ANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TE	PANINAL DISEASE OF CONDITIO	ON CIVEN IN DART I.e.
sign hen to b	Z	THE STILL STORY TO ALL	CONDITIONS CONTRIBUTION	J DEATH DOTTION RELATED TO THE TE	KMIITAE DISEASE OK CONDITIC	ON GIVEN IN CARL TIO
Da or a	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
hos per per possible	F				YES NO	CERTIFYING CAUSES OF DEATH? YES NO NO
Cote Cote Hygan Sho	CER.	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN I	
ol-te atolit		OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
Meri A	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION		
the ond	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	E, FARM EIC) STREET	CITY OR TOWN	COUNTY STATE
se os solth mor			intol) attended the deceased from	1, 19	, 10.	, 19, that (I) (we) lost
TOR or u			12/12 19 view the body ofter death.	86, and that in (aur) opinion		
REC ped in pp.		27a SIGNATUJE	view the body offer deoth.	DEGREE		226 DATE SIGNED
in the Document of the Documen		CM	(MIN ATTENDING	MEDICAL STAFF	12/15/86
FUNERAL Jid be det of the Stote		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	_ DIRECTOR _ PHISICIAIN	
		George Cav	anagh, M.D.	Easton,	Md. 21601	
of Off	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATOR	y 23d LOCATION	
BP	-	BURIAL	DEC 18, 1986 :	SPRING HILL CEI	M. EASTON	V TALBOT MID
DHMH - 16 60M 7/84	2950	NERAL DIRECTOR	0 00		ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)	106	Trusm & Ox	conect St. h	reducely, MATE	6.24 1400 Aulia	Davidson-Randoll

TURIS THEZ THEFT THEFT THEFTON TO THE ST France Car May 6, 1720 66 E STATE STATE STATE STATE STATES STATES PHENNED TRANST STATES X TRY STY SAMES IN JALIAR HARRISON ROTH DULIN THE THE THE THE HOLD COME SHOULD SHOULD THE BAT ATT

	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 3 6 . 2 0
523 JAN -		PEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
be age 3	(1117)	ret.	er	DAFNIS	12 31 86 14 P
ad.	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
s of		Male	White	11-10-12 YEAR	74 YRS. MONTHS DATS HOURS MI
4		PLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	9 RAITIMORE CITY OR COUNTY OF DEATH
	At	hens. Greece	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ TALBOT
1	E	ASTON	MEMOR IN SUCH FACILITY	AL, NURSING HOME OR OTHER INSTITUTION Y, GIVE STREET ADDRESS! JAL HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIFE) Appliance Store Owner
1 54 1	130 S	TATE 136 CO	E OR OTHER INSTITUTION GIVE RES	IDENCE BEFORE ADMISSION) TY OR TOWN 13d. INSIDE CITY LIMITS	? 13e.STREET ADDRESS / ZIP CODE
25 章 15		ryland		asonville YES NO	148 Long Point Rd. 21638
ather 2 s	14. FA	THER'S NAME	WIDDIE	15. MOTHER'S MAIDEN	NAME
and	9	James Dafnis		FIRST	Cocotis
d co		AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SC	OCIAL SECURITY NO. 17 INFORMANT	ADDRESS
Poge S	L	ES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	6-03-8894 Alice J. 1	Dafnis same as above
cior the fhe					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
hysin pop		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	JSED BY:	Sougho Larce (DVE	HEARS PRICORE BETWEEN ONSET AND DEA
bon rem		IMMED	NATE CAUSE (0)	30000 00000	HEAD MICHEL
oth of mot			DUE TO, OR AS A	CONSEQUENCE OF VAS PARTY	hyoursins UKS-
de d		Conditions, if any, which gave rise to immediate	(b)	11-181-2161	Myounsins Wes-
المفار		couse (0), stating the	DUE TO, OR AS A	CONSEQUENCE OF	
1500		underlying couse last	((c)		
1111	NO	PART 2 OTHER SIGNIFICAN	MASSIVE-	11/0 - 13/1	ERMINAL DISEASE OR CONDITION GIVEN IN PART TO
bos been prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Show the state of	×	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUI	RY 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
大き 新年 日日		OR CONTRIBUTING CAUSE OF	DENIH	ONTH DAY YEAR	
ding buric Men' ar Re	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJU	19 211 LOCATION	
the band /	WE	WHILE IN NOT WHILE IN		ORY OFFICE, FARM, ETC.)	CITY OR FOWN COUNTY STATE
Afte os lith o		AT WORK - AT WORK		1/3 8	1 1 2 0/
OR: USE Hep Hep		220.1 certify that (1) (this ho	1 - 1-9 1		, 10, 19, tho (11) we)
Spire			not view the bady after de	eath. , and that in (my) aur) apir	nian death occurred on the date and havi and from the causes stated
D b dd La		22b. SIGNATURE	1 Jane	DEGREE ATTENDIN	G MEDICAL STAFF DIRECTOR PHYSICIAN 121. DATE SIGNED
the It DIR		9	PE OR PRINT)	22e ADDRESS	
AL th th th leto	130	22d. PHYSICIAN'S NAME (TY			/7
osellal ed by th UNERAL d be deto the Stote		22d. PHYSICIAN'S NAME (TY	1601-	man 403 M	ARUEL CT ESSION NO 7/601
FUNERAL by the FUNERAL bold be deto the State PORTANT. It	23a B	URIAL, CREMATION, REMOV	D, FRIED	23¢ NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION
OSPITAL ed by th UNERAL d be deto the Stote RTANT: H	23a E	SLOTI	D. FRIED	23c NAME OF CEMETERY OR CREMATO Woodlawn Cemetery	RY 23d. LOCATION CITYORTOWN COUNTY STATE Baltimore MD
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: I	(URIAL, CREMATION, REMOV	D, FRIED	23c NAME OF CEMETERY OR CREMATO Woodlawn Cemetery	RY 23d, LOCATION CITY OR TOWN COUNTY STATE

Eller State TARREST TARREST TO THE PARTY OF ARTICAL STREET, ALL STREET, ALL STREET, SANDERS STREET, CALL BESTS D. Jacob small till sallvanera Landtan The second secon seeds as many states .t. seeds . A. State .t. State .t. State .t. The Paris of the Annual Rosses and the Annual Control and

		FOR				OF MARYL			3 6		1
7715 00		STATE AREGISTRAR		DEP		ICATE OF I	MENTAL HYGII DEATH				200
I I J UE	T. DE	CEASED NAME FIRST		MIDDLE	l.	AST		REG. N		YEAR 21	b. HOUR
boge 3	(TYPE	Ethel	M	la v	Diar	mond	1	12-	15-84	,	948
17	3. SE		4 RACE		5 DATE C	F BIRTH		6. AGE (IN YEARS LAST BIR		DER I YEAR IF	F UNDER 24 HRS
urs ofter		male	White		08	21	98	88	3 YRS.	5 DAYS H	HOURS MIN.
2	3a. B	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUN	RY? 8 MARRIE	NEVER	MARRIED -	BALTIMORE CITY	R COUNTY OF	EATH	
2		ryland /	U.S		WIDOWE	DIX DI	NORCED [100	ot.		MD.
1/8	-	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIV	RSING HOME C	OR OTHER INS		12e USUAL OCCUPAT	OF WORKING LIFE) IN	DUSTRY	BUSINESS OR
EO		QSTON AL RESIDENCE (IF NURSING HOME OF	Men	GIVE RESIDENCE	HOS	pital		Clerk	. W	omen's	Appare
34	13a :	STATE 136 COUR	VIY	13c. CITY OR	IOWN	13d INSIDE C		13e STREET ADDRESS	ZIP CODE	01.00	11
		ryland V Ta	albot	East	חכ	YES [X]	S MAIDEN NAM	511 E. Do	ver st	2160	1
くむく		FIRST	Grace	Gara	dner		liza	V.		Whit	.0
medicol (x)		VAS DECEASED EVER IN U.S. AR	MED FORCES?		ECURITY NO.	17 INFORMA		ADDR	ESS	MITTE	,6
medicol	no		E WAR OR DATES	215-20	0-1600	Anna	belle V	Sard 710	Howard S	t East	on MD
- å!		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily ane cause per	-		. /					TE INTERVAL SET AND DEATH
emovol event, t			D BY: TE CAUSE (a)		Sub	dure	C hem	atoma			
	7	7289	DUE TO: O	R AS A CONS	QUENCE OF /	- 1.		+-	+		
otion, or traumotic		Canditians, if any, which	(b)_	and		arrio	respon	erry arre	31		
ther		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSI	OUENCE OF						
0 0			((c)								
NA CENT	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN	PART Ica	
100	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WE	HICH OPERATIO	N WAS PERFO	DRMED	20g AUTOPSY?	20b. IF YES, WE	RE FINDING	SUSED
117	IFIC	Similar and						YES NOT	IN CERTIFYING	CAUSES OF	
235	CERT	210. ACCIDENT WAS UNDERLYING				21¢ HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJU			140
11/		OR CONTRIBUTING CAUSE OF DEA	4165	.M. MONTH	DAY YEAR						
5	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO	ON	CITY OR TO	Nach! C	OUNTY	STATE
10	Z	WHILE NOT WHILE AT WORK	[AI HOME SI	REET, FACTORY, OF	FICE, FARM, ETC.)	STACE	01	CITORIC		21	STATE
17	1	22a.1 certify that (1) (this haspi			om		. 19_01	_, to	15 192	6 , the	at (we) last
2500		saw the deceased alive an above, (I) (we) did (did no	L view the body	offer death.	9_16_, ar	id that in	(aur) apinian de	eath accurred an the d	ate and have and	I am the car	uses stated
377		226 SIGNATURE	Years	,	N	EGREE				22c. DATE SIC	GNED 0/
25-		MH	eroso/e	ny	Alk			MEDICAL STA	IAN [12.	12.00
1 × 1		22d. PHYSICIAN'S NAME (TYPE C	. V/	/		22e ADDRES	55 611	1- 117	7		
NO /		11111	1.50	4			USI	on Mi			
		URIAL, CREMATION, REMOVAL			23c. NAME OF C			23d. LOCATION CITY OR TOWN		INTY	MD TE
		Irial UNERAL DIRECTOR	12/18/8	50	Spring	HIII C	emetery	Easton REC'D. BY REGISTRAR		bot	
OM 7/84	192	NAME	200	Factor		nd	DEC			deon .	has
15, 4)	INE	wnam Funeral Ho	Jille	raston	, Maryla	UII	OLU	1 3 1000	8,00		E1-17-

2.5.0 The State of the

				1			STATE OF MARYLAND		
020	1. 1	1	DEC 1	200	FOR	DEI	PARTMENT OF HEALTH AND MENTAL HYC	GIENE B D 3	0 - 6 6
UZO	4	1	DEC 3	101	STATE REGISTRAR		CERTIFICATE OF DEATH		
								REG. NO.	to the second second
					CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	De	oge 3 death		1	HILDA	m.	DICKERSON	December 12	1986 235
	oy	de		3. SE		4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	E	Te T		3. 30	^	20 0	MONTH DAY YEAR		ONTHS DAYS HOURS MIN.
	9	2005		17	ennels.	Black	7 24 1919	67 YRS	
	o /	P D	10	7a. 8	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
	4/	220	25 4	1	COUNTRY)	01 0	MARRIED NEVER MARRIED	171.1	
	2	9	/	101	no.	11,51	WIDOWED DIVORCED	IMINOT	, MD.
21	10	e fr	32	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
- V.	9	4 0	3/		EATAN	1111	E STREET ADDRESS!	(TYPE OF WORKER HOST OF WORKING LIFE	INDUSTRY
748	5 2	f. 15	=	1000	LISTOON		OCIAL HEST I FAL	laborer.	
2	5	P	27	13a.	AL RESIDENCE (IF NURSING H. H. C.)		E BEFORE ADMISSION) R TOWN A 113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	211 42 42
N N	24	=	2	7	nd Can	eleme 70de	ralsburg YES NO I		11632
E E	c d	37	1	14.1	THER'S NAME	1,000	15. MOTHER'S MAIDEN NA	AME	
OK.	3	d 2	ME ISI	1//	#IRST /	MIDDLE		MIDDLE	D D LAST
Ž	P	m 9/	18/	10	lev ander	m	others Estella		chase
m,	200	P C C	00		WAS DECEASED EVER IN U.S. AF		L SECURITY NO. 17 INFORMANT	ADDRESS	1 1
Q	e ×	Pog	B /	1	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	10 100:1	M. b. 21	1-1. h m/
È	be	5.0	0		100- 110	1 017	10-3001 Navid	NICHERSON IV	wilock, me.
NA N	ofe	pope	=		18 CAUSE OF DEATH (Enter or		(b), onthick of	0 6 \	BETWEEN ONSET AND DEATH
2	Dific	hadu	ven ven		PART I. DEATH WAS CAUSE	TE CAUSE (a)	val Elluston M	al (nont)	2 week
S	e	000	o U		IMMEDIA	TE CAUSE (a)			1 -5
PRESTON	4	Dua Co	OF			DUE TO, OR AS A CON		0. 0. 0. 10	111-11
ES	qe	offe	0	1	Conditions, if any, which	(b) WY	estinal and abo	commental MED	MONO
ac ac	e e	he	÷		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	0	
3	0	by 1	other		underlying couse last.		erroma of End	ometican	1 6 mon
0	ŧ	ed be	0			107			
S	. 5	5 5 0	7	1 7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVI	EN IN PART I a
8	8	The	:5	0	Drown	103			
RECORD	3	mit	Î	3 8	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED		, WERE FINDINGS USED
oc .	0	So de	3	CERTIFICATION					YING CAUSES OF DEATH?
A	Th	fe h	2	- 2	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	Tal- How him your		
>	Physi	riol-tronsit	80		OR CONTRIBUTING CAUSE OF DE	LIGHT A LL MONTE	H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART : OR PART 2}
Ö	SICIA	iol-iol	E	1 K	(IF EITHER NOTIFY MEDICAL EXAMINE	NID .	19		
N N	PHYSIC ending	S C	, p	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	71f LOCATION		
DIVISION OF		the bu		¥ W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
2	DN 6	free to the	morked		AT WORK AT WORK			-1.	A / /
12 4	NOO	S Afte	1 10	1	220.1 certify that (1) (this hosp	ital) attended the defeased	from 12 1900	to	, that (I) (we) lost
	ATTEN	for the			saw the deceased alive or	1411	_19.87, and that in (my) Loor) opinian	death occurred on the date and have	and from the causes stated
	R ATTEN	IREC hed f	E		abave, (I) () () () () () ()	it new the body after death.	DEGREE		22¢ DATE SIGNED
	0 0	0 00	#		00 /	X ().	ATTENDING	MEDICAL STAFF	121-10-8
	AT	det			(Xueson	hocks	PHYSICIAN	PIRECTOR PHYSICIAN	1141407
	Spil	Se Se	AAT		224 PHYSICIAN'S NAME LYPE	OR PRINT)	22e ADDRESS	1	- A
	O HOS	O FUNERAL I	MPORTANT		YORFGG RUZ	DES MT) 503 Dutchow	mane land Sas	MONSHON
	0 0	Shoul shoul	N N				100 mule 131	mis Phuse Cas	1010100
	h- c			23a	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY . STATE A
	BP.			1 7	Burial	12-17-86	Bell a	Denton Car	aline md
				24 F	UNERAL DIRECTOR	2 //	25a DA	TE REC'D. BY REGISTRAR 256 REGISTE	RAR'S SIGNATURE
	DHMH				10	9/1 10	PRESS 11 11 11 1	EC 2 9 1986	Sindern-Rudally
	(V	RA 15,	4)		Gennies	with 116	and sty Hurber Mit	FA 5 2 1900	

				STATE OF MARYLAND	- 0 5 3	0 = 2 0				
1.0 1431 -	510	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O								
JAM T	3.0	7 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
Mary Art		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR				
oy be oage 3 death		OR PRINT)		DWYER	10 0	1 - 1 045				
		Mildred	Lores	- / - /	12 2	1 OO DA				
fer. p	3. SE)	1	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		UNDER LYEAR IF UNDER 2 HRS				
s o		remale	Cauc.	NOV 27 1900	86 YRS					
92 201		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	F DEATH				
255		MID	USA	WIDOWED DIVORCED	Talbot	MD				
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR				
0 - 6 GM	7	1	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY				
11 10		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	e Fines Erstmi, NO.	Home maker					
20 300		TATE 136 COU	NTY 13c. CITY OR TOW		13e STREET ADDRESS / ZIP CODE					
11 150		MD Tal	bot Eastor		Dutch mans hane	21601				
2 si	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA						
To be to to		John	C. Sut	too Cathe	rine u	10/0h				
S lo	16a V	VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS 1671	Ocean Pines				
Poges medico	17		VEWAR OR DATES) 194-20	-5111 George H. I	wirer JR. Ber					
rs. P		NAN			wyer, Jr. Ber					
ape avol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for 101, (b), an	diction Dans		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
rtific ph ph ph ph ph ph ph ph ph ph ph ph ph			TE CAUSE (a)	DIAC ARREST		1077 EDIATE				
din arr atic			DUE TO, OR AS A CONSEQU	ENCE OF						
te c on, om,		Conditions, if any, which	()							
100		gave rise to immediate)							
1250		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause lost								
E BOURT TO		(c)								
구른 설립하다	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1 8 5 11	9		OKH		DISEASE					
E 6 6	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES.	WERE FINDINGS USED ING CAUSES OF DEATH?				
the hour men	E				YES NO YES	O NO [
Hygins sh	Ü	210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	I (ORPARI 2)				
to lo m d	AL	OR CONTRIBUTING CAUSE OF DE	A117	19						
A Were	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION						
the sad	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE I	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE				
Afte os lith		AT WORK		19-12- 10	10 12/24/86					
Heo			ital) attended the deceased fram_			, that (()(we) last				
of for		saw the deceased alive or above, (l) (we) (did) (did no	view the body after death		death occurred on the date and hour	and from the causes stated				
Dept. of		22b. SIGNATURE		DEGREE		22c. DATE SIGNED				
1 40 0)		C.	W. ram	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/26/86				
VERAL be deto State TANT. 1		224 PHYSICIAN'S NAME (TYPE O	DR.PRINT)	22e ADDRESS		1 1 0 1 0				
should be det		C-R-u	1. BAN	Funk	Ju H1 21/2					
A P			Unit	1	1 141 1180					
	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE				
		Burial	12-29-86 S	Chrewsbury	Kennedyville	Kent MD				
- 16 60M 7/84	24. FL	INERAL DIRECTOR		25a DAT		AR'S SIGNATURE				
RA 15, 4)	13	ary B. Fellow	5 BOX 270 MI	Ungton MD JA	N 7 1987	Stiller Landeth				
, ,		1100 000	U/ 7/0 ////	111114100 10 10	11 / 1001					

AT AT A STATE OF THE PARTY OF T Said the state of the said of

FOR - STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

13e.STREET ADDRESS / ZIP CODE Coopertown Rd 21671 Wright S Otto Fairbank Jr Box 115 Tilghman MD APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22¢ DATE SIGNED Burial MD Talbot 12/16/86 Tilghman Cemetery Tilghman 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Newnam Funeral Home Easton Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

IF UNDER 1 YEAR

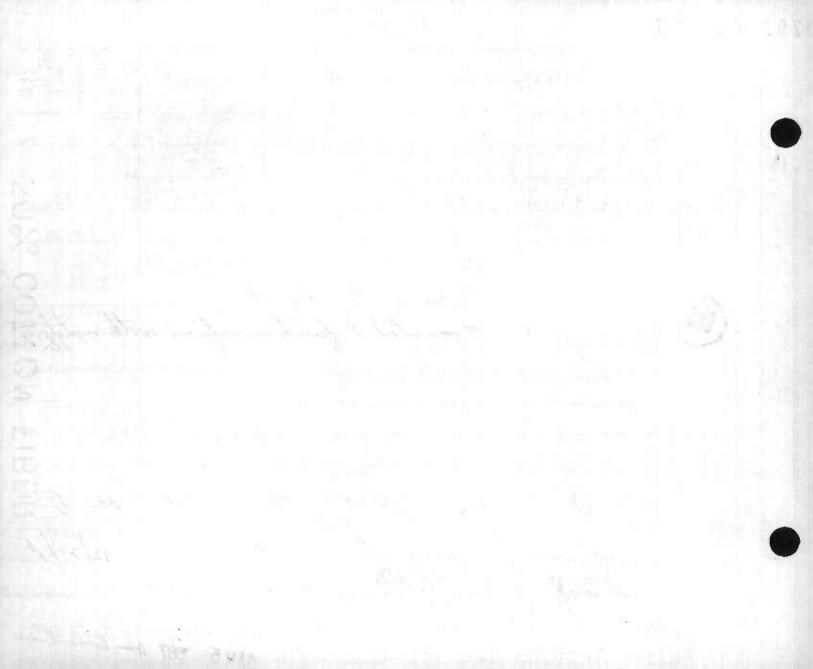
MONTHS DAYS

HOURS

12b. KIND OF BUSINESS OR



TOCKERSED NAME Fext Fext Fext Tockers Tocker	29316 JAN-6	97	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO.								
DESCRIPTION OF A CONSTRUCTION OF WHAT COUNTRY NAME OF MODERAL TOOL OF A CONSTRUCTION	e 4 may be tror, page 3 ofter death	(TYPE OR PRINT) France 3. SEX			4 RACE S. DATE		F. DATE O	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)		29 86 IF UNDER 1 YEAR MONTHS DAYS	634 PM
The STATE STATE IN COUNTY Talbot Easton Waryland Talbot Easton Wes (A NO) 502 E. Oak Avenue 21601 The STATE STAME STATE STATE STAME STATE		7a. BI	RTHPLACE (STATE OR I COUNTRY) IEW YORK ITY OR TOWN OF DEA EQSTON	ATH 1	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOWI 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL STREET ADDRESS)		MARRIED WIDOWEI NG HOME O ADDRESS)	RIED NEVER MARRIED DOWNCED DOWNCED E OR OTHER INSTITUTION		1 P BALTIMORE CITY OR COUNTY OF DEATH TOUBOT COUNTY 170 USUAL OCCUPATION 128 KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			OF BUSINESS OR
THE WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT ON ON UNKNOWN IN 1915. ON WAS ORDING. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR AS A CONSEQUENCE OF THE INTERCOMMENT OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR OR AS A CONSEQUENCE OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR OR AS A CONSEQUENCE OF WHICH OPERATION WAS PERFORMED. ON ON UNKNOWN IN 1915. ON OR	trand 213	13a S	Maryland	13b COUNT	TY	Easton		YES X	NO 🗌	ME		enue 2	21601
The County was presented by the control of the control of the county of	RE, MARY		James WAS DECEASED EVER	IN U.S. ARM	NED FORCES?	Brown	JRITY NO.	17. INFORMA	Jane NT	4	DDRESS	F	Renton
IMMEDIATE CAUSE (o) DUE TO. OR AA CONSEQUENCE OF DUE TO. OR AA C	BALTIMO Cote be exi		no 080-03-0036 Carol F Daffin P 0 Box 2056 Easton MD										
270. I certify that (I) (this hospital) attended the deceosed from 19 0, to 19 0, to 19 0, that (I) (we) lost saw the decapsed alive on above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the	RDS, 201 W. PRESTON ST equires that the death certi n signed by the attending Then please that to burial, come in injury, or other ments.	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. DUE TO. OR AS A CONSEQUENCE OF										
270. I certify that (I) (this hospital) attended the deceosed from 19 0, to 19 0, to 19 0, that (I) (we) lost saw the decapsed alive on above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the courses stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the course stated above, (I) (we) Add of the date and hour and from the	ALRECOI	RTIFICATI					OPERATION			YES NO	IN CEI	RTIFYING CAUSE YES	S OF DEATH?
PHYSICIAN DIRECTOR PHYSICIAN DIR	A ATTENDI ON Hospital on INRECTOR: A ched for use they of Head I is mutually a chem of them 21 is mutually and them 21 is mutually a chem of them 21 is mutually a chem of them 21 is mutually and them 21 is mutually a chem of them 21 is mutually a chem of them 21 is mutually and them 21 is mutually and them 21 is mutually and the chem of the		OR CONTRIBUTING (IF EITHER NOTIFY MEDI 121d. INJURY OCCUR WHILE NOT WALL WORK NOT WALL WALL WORK NOT WALL WALL WALL WALL WALL WALL WALL WAL	CAUSE OF DEAT ICAL EXAMINER) RED HILE	HOUR A P 21e PLACE (AT HOME S1	.M. MONTH D .M. OF INJURY REET. FACTORY, OFFICE.	FARM, ETC.)	21f. LOCATION STREET THE THE THE THE THE THE THE THE THE	, 19 <u>89</u> (our) opinion	cir , to 12 death occurred ab	OR TOWN	COUNTY 19 89 hour and from th	state , that it we) lost e couses stated
BPBurial 1/3/87 Md Veterans Cemetery Hurlock Dorchester MD DHMH - 16 60M 7/84 PUNERAL DIRECTOR NAME ADDRESS 250. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR' 25 B. REGISTRA	ERAL E CALE	PHYSICIAN DIRECTOR PHYSICIAN 220. ADDRESS 322 Commerce Dr Easton Ma 230. BURIAL, CREMATION MOVAL 123 DATE 230. NAME OF CEMETERY OR CREMATORY 231. NAME OF CEMETERY OR CRE											129/X/
TOO (V. 7) I DEMINIATE PHILIPPAL PRINCE PACIFIE DIATVIANT	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	0001 11		ADDRESS		ans Ce	metery 25a. DAI	Hurloc	K TRAR 25b. REC	Dorches	ster MD



(VRA 15, 4)

Acquarter Waters Transit Control of the Control of Constitution of the consti

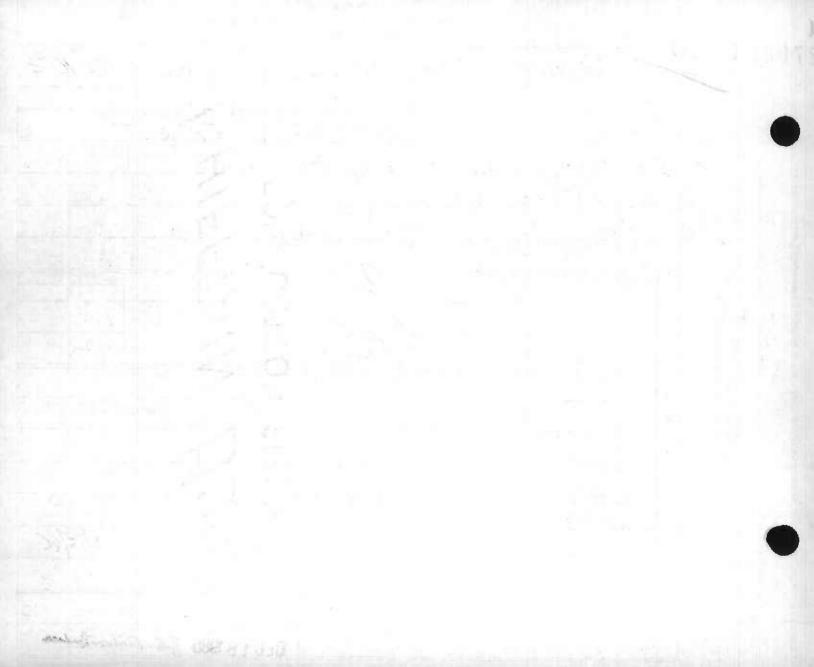
The state of the s

Easton MD

Newnam Funeral Home

(VRA 15, 4)

STATE OF MARYLAND



0

T.T. T.T.

and transaction

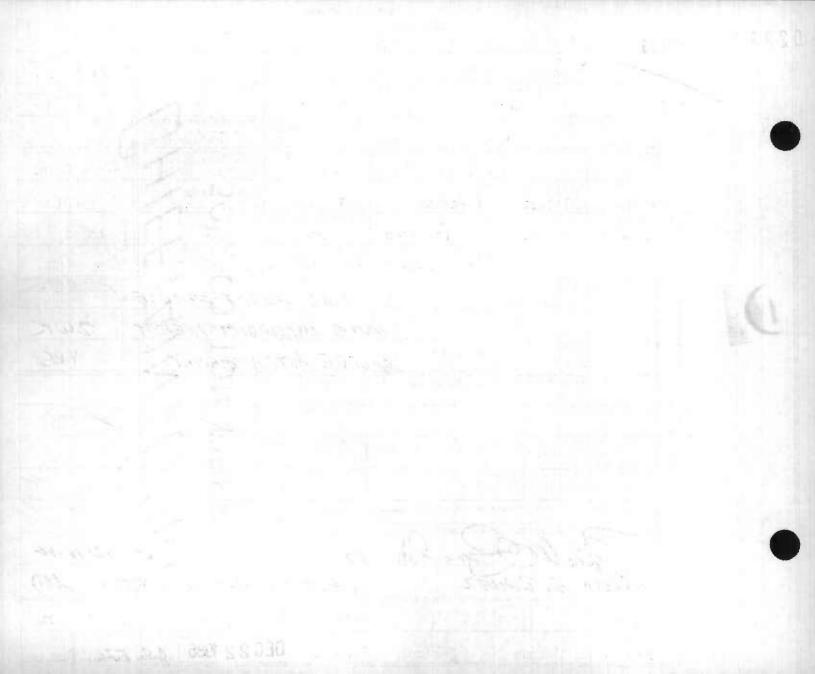
Menglant Pulact Pegal Co

Charles Hearing Medical Reinas

To --- 67 1 485 eller . 3. Gro-o garland M.J.

Tarana and the state of the sta

	١,	FOR STATE			DEP		TE OF MARY HEALTH AND	LAND MENTAL HYGI	ENE 8 6	3	6 5	3 (1
1 Z 8 3 O 8 DEC	29	REGISTRAR				CERTI	FICATE OF	DEATH	REG. N	0.		
. m.e 1		CEASED NAME	FIRST		MIDDLE	1.	LAST		20 DATE OF DEATH	MONTH DA		26 HOUR
oy be on be deoth			than		7.		arris	ON		12 1	186	6 P M
frec p	3. SE		4.	RACE		5. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
oge vertected		lale		White		01	05	20	66	YRS.		
Je bod		IRTHPLACE (STATE OR I	OREIGN 71	CITIZENOF	WHAT COUN	ITRY? 8. MARRI	ED X NEVER	MARRIED -	BALTIMORE CITY C	R COUNTY O	FDEATH	
deo de		laryland		U.S.		WIDOW		ONORCED	Talbo		MALLO	MD.
by the lifed with the life wit	10 C	Easton	III II	(IF NOT IN SUC		URSING HOME STREET ADDRESSI	OROTHERIN	STITUTION	TYPE OF WORK FOR MOST CE Equip. Ope	F WORKING LIFE	INDUSTRY	Roads
filled in add be f	13a. S	AL RESIDENCE (IF NURS STATE laryland	13b COUNT	Υ	13c. CITY OF East		138. INSIDE	CITY LIMITS?	130 STREET ADDRESS	ZIP CODE	21	601
		ATHER'S NAME		DDIE	LAS	,		R'S MAIDEN NAM	NE .			
MARYLA MARYLA COLOR COLO		Edmond		1.	Ha	rrison	No	ora	WDDIE.		Lom	ax
ORE,		WAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORM		ADDRI		Part of the	
BALTIMORE, The executor of control of contr		0	(218-1	6-5415	Hans	H Schwa	rten Rt 1 E	ox 72	Cordov	a MD
BAIL BAIL		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	ane cause per	line far (a), (4,4414			SETWEEN O	MATE INTERVAL
SI. / 10 33 1		PARTI, DEATH W	IMMEDIATE			Co	NOFTH	VE HE	ART FIXE	14121=		
STON STON STON STON STON STON STON STON				DUE TO, O	R AS A CONS	SEQUENCE OF	~~~	1111000	20100 1.11	-122-	-	1011
S S S S S S S S S S S S S S S S S S S		Conditions, if any, gave rise to imp		(b)_	-	150	211/15	11401071	CUITE INF	AICC (6	·wi
W # #155 #		cause (o), statin		DUE TO, O	R AS A CONS	SEQUENCE OF	71201	= APTO	DUCALCOLL	15		YPC
201		PART 2 OTHER SIGN	HEICANITOC	(c)	DAIT DIRLITIAL	STO DEATH BU	T NOT BELATE	- //15/5/	NAL DISEASE OR CON	J Charles		11-5
Opening Posts of the Control of the	N O	TAKE 2 OTTEK SIOI	THE ICANT CC	/NDI/10143 <u>CC</u>	JIAI KIBOTIA	3 TO DEATH BU	I NOT KELATE	ED TO THE TERMI	NAL DISEASE OR CON	DII ION GIVEN	IN PART TO	
	ATI	190 DATE OF OPERA	ION	196 COND	ITION FOR W	HICH OPERATION	ON WAS PERF	ORMED	200 AUTOPSY?		WERE FINDIN	
DIVISION OF VITAL RECORDS, ALG PHYSICIAN, The fore-inquiremental or physician ing customers because the harioditional permit. The third Mental Hygiene prior to be asked or them Ill shows any naur	CERTIFICATION	Charles and the							YES A NOD	IN CERTIFYII	NG CAUSES	OF DEATH?
A Property III		710. ACCIDENT WAS UNE		216. TIME O		DAY YEAR	71c HOW	INJURY OCCURR	ED (ENTER NATURE OF INSU	RY IN TEM 18 PAR	I I OR PART 2)	
OF PARTY OF	CAL	OR CONTRIBUTING (P.		19	100					
SION THE THE P	MEDICAL	214 INJURY OCCUR		21e PLACE		FFICE, FARM, ETC }	211 LOCAT		CITY OR TO	WN	COUNTY	STATE
Day of the	1	AT WORK AT WO	ILE						soft in a	30		
Do State		22a L certify that (I)		l) ottended th	e deceased f			. 19	, to			hot (I) (we) lost
A CTC TO		sow the decease abave, HHweNo	lid) (did not)	view the body	after death.	.19, 0		y) (aur) opinian d	eath accurred an the de	ate and haur a		
1000年		220. SIGNATURE	1. 10	00	1	-C//n	DEGREE	ATTENDING	MEDICAL STAI	F /	27c. DATE S	SIGNED 16, Ele
PITAL PANTA STORY OF TANK		22d. PHYSICIAN'S N	ME TTYPE OR E	PRINTS	ofter.	M	127e ADDRE	PHYSICIAN _	DIRECTOR PHYSIC	IAN D	112.1	8 100
HOSPIT,		HARULD	Ei	BAUTS	7				HOSPITAL	EBI	TORI	MD
0 8 5 8 2 3 A	23a. E	BURIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF			23d LOCATION	131		
BP	_	Surial		12/20/	86	100		Cemetery	Easton	T	albot	ND
DHMH - 16 60M 7/B4	_	UNERAL DIRECTOR		-,,				250 DATE	REC'D. BY REGISTRAR			JRE
(VRA 15, 4)	1	lewnam Fune	ral Ho	ome	Fas	ton Mar	vland	UE	C 2 2 1986	1.12	F	s .



	1-	FOR STATE REGISTRAR	DEPAS	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B D	3 6 4 3 1
		DRING FIRST	achi A.	James	2a DATE OF DEATH M	NONTH DAY YEAR 76 HOUR 12 15 86 6 M
Page 4 madricestor. pours after	3 SE	MAG RTHPLACE (STATE OR FOREIGN	BIA Th CITIZEN OF WHAT COUNTR	S. DATE OF BIRTH MONTH DAY YEAR YEAR YEAR	6 Z 9 BALTIMORE CITY OR	MONTHS DAYS HOURS MIN.
rer deoth.	,	TY OR TOWN OF DEATH	ALS A. 13 NAME OF HOSPITAL, NUR.	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED SING HOME OR OTHER INSTITUTION	Talbo	+ County MD. 126 KIND OF BUSINESS OR
The filed the filed	USU. 13a. 5	Easton AL RESIDENCE I IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STR Ea Ston IR OTHER INSTITUTION, GIVE RESIDENCE BER NTY 13 CGTY ORAC	Memorial ORE ADMISSION)	13e.STREET ADDRESS /	V. Cont-
within 24 I	14 F/	ATHER'S NAME FIRST	MODLE LAST	YES NO STANDEN N.	R#1	But 336
ond comp		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (# YES, GI	RMED FORCES? 16b SOCIAL SE		ADDRES	50mes
physician on papers. I emavol		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), ED BY: (TE C AUSE (o)		nuck	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce otherding ove carb		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	WENCE OF ANTEVIOR	MI	hours
s that the ed by the please re- rial, crem or other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	O DEATH BUT NOT RELATED TO THE TER.	OLOO DO 22 A TAIL A LA	years
been sign mit. Then p prior to bu	ATION	- X	es Melli	TUS CHOPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
N. The k hysician. icote hos ronsit per Hygiene 18 shows	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21t. HOW INJURY OCCUI	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18 PART I OR PART 2)
T 0 E T 0	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE	AIRI	19 21f. LOCATION	CITY OF TOW	n COUNTY STATE
TTENDING Porter In TOR. After the rate of the other of the other of Health on the CT is morked.		22s. I certify the (1) (this hosp	pital) attended the deceased from	4/(-	to De Cl	19 86, tho (1) we) lost e and hour and from the causes stated
OR A Post Ched Ched Ched Wem		27b. SIGNATURE	ot) view the body ofter death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22¢ DATE SIGNED
TO HOSPITAL (retoined by the TO FUNERAL I should be detoined with the Stote [MPPORTANT; #		22d. PHYSICIAN'S NAME II		22e ADDRESS		
BP	0.2	SURIAL, CREMATION, REMOVA	12/30/86 23	NAME OF CEMETERY OR CREMATORY	Conture	ulle PA mo
DHMH - 16 60M 7/84 (VRA 15, 4)		THAME TO BE	real role	The ma	TERECO. BY REGISTRAR 2	So. REGISTRAR'S SIGNATURE

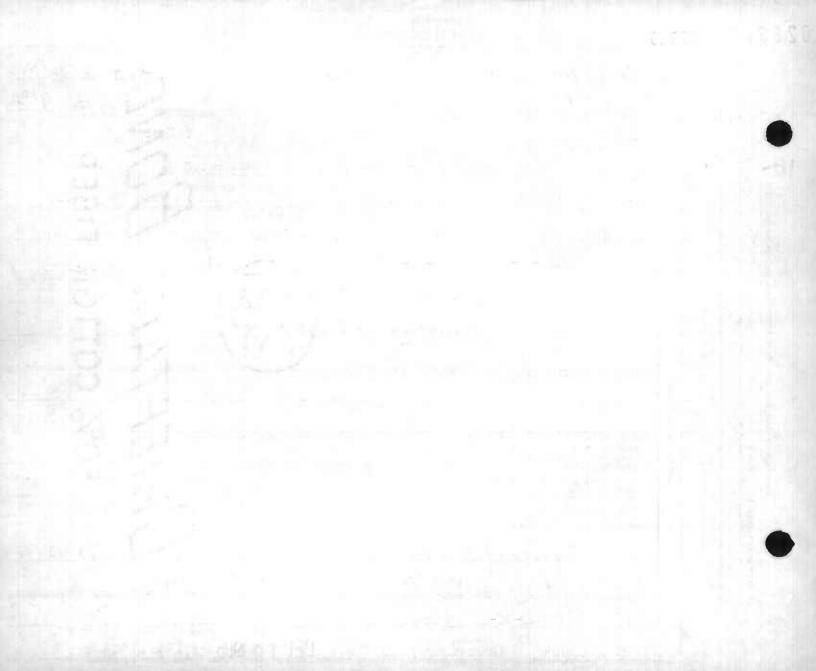
THE RESIDENCE OF THE PROPERTY AND ASSESSMENT OF THE PROPERTY A to device the state of the state of the state of THE REPORT OF THE PARTY OF THE

AND THE PROPERTY OF THE PROPER

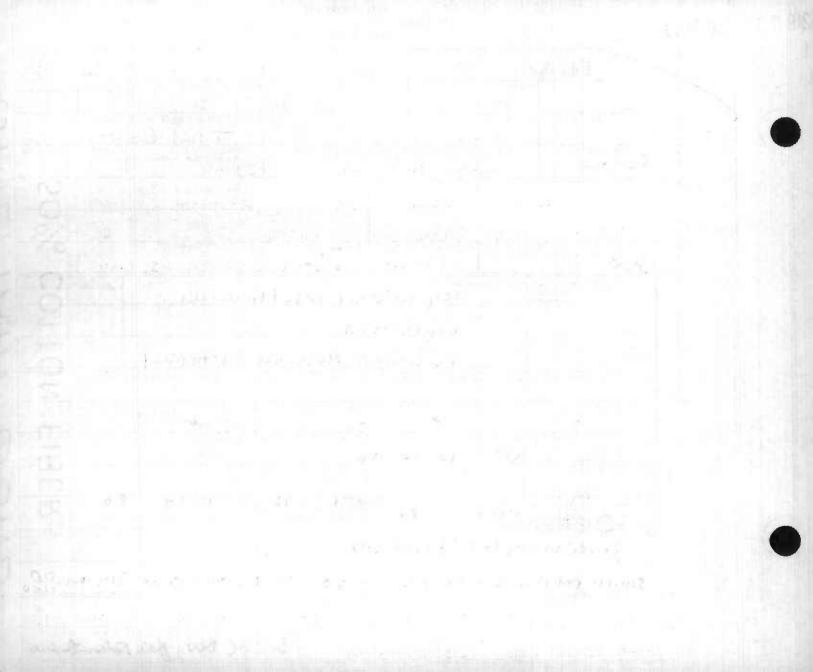
0.00	1 - 5	OR TATE EGISTAR			DEP	ARTMENT OF H	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI		3 REG. NO.	6 .	ling to say
18280 DEC	225	SED NAME	FIRST		MIDDLE		AST		20 DATE OF DE		2h 2h	HOUR
1 11		V	5/51	-	K		DON S	23		12/2	1861	0/0
1 1/0	1. SEX		1	I. RACE		5. DATE (DAY	YEAR	6 AGE (IN YEARS		Contract of the last of the la	UNDER 24 ARS
* 55		malew	inar-du/	White		03	30	29	0 BAITIMORE	57 YRS	V OE DEATH	
4 36 46	1000	nerwy)	CALCON.		A.	MARRIE	NEVER A		7 BALTIMORE	160+	COPDEATH	
8 5 5	Account to the Park Street	OR TOWN OF DE	ATH I	1. NAME OF	HOSPITAL, NI	JRSING HOME (VORCED [12a USUAL OCC		12b. KIND OF B	USINESS OR
1 1/2	E	astan		(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS	oito	/	Housew	ife	(FE) INDUSTRY	
1 11 7	SUAL	RESIDENCE (# NUR	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE		13d. INSIDE C	ITV I IAA ITCO		RESS / ZIP COD	-	
CICE :	Ma	ryland		bot	Quee	n Anne	YES T	NO X		Run Road	2165	7
1 120 37	IA. FATH	ER'S NAME		indu	LAS			S MAIDEN NAM		IDDLE	LAST	
1 4 40		Enoch		57.00		kins	Lu	су		ane	Say	lor
1 de 94 /		NO OR UNKNOWN)		WAR OR DATES)		SECURITY NO.	17 INFORMA			ADDRESS		
1 12 1	no					6-7732	Raymo	nd C. J	ones P	0 Box 28	4 Queen A	
1 411	18	PART I. DEATH W			line for (a), (t	n, and (et.)	000	1 1	luce		APPROXIMAT BETWEEN ONS	ET AND DEATH
the party of the p			IMMEDIATE		TCO.	42010	The same	Ka	Time	٨	1	will
1 1		Canditions, if ony	which	DUE TO, O		eduence of	a che	ma	()	the	1-7	2 month
of the o		gave rise to im- couse (a), statis inderlying cause	mediate ig. The	DUE TO, O	1	EOUENCE OF		1 (20	000	A)na	<u> </u>
and the state of t	100	ANT 7. OTHER SIG	NIFICANT C	DINDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE O	R CONDITION GI	VEN IN PART 110	
The party of the p		- 1		an	Buic	- un	ST mi	Dire		Julma	in dis	0110
1 1110	CERTIFICATION	A DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO		20a AUTOPS		S, WERE FINDINGS	USED DEATH?
25 25 2	HI L	-	_		4					0 Y	ES /	NO []
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C-23	M CONTRIBUTING	The state of the s	HOUR A.		DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART (OR PART 2)	
32 501 7		E INJURY OCCUR		P. 21s PLACE	M.	19	21f LOCATIO	201				
of the first of th		WHE ET HOLW	ou [T]			FFICE FARM ETC)	STREET	- 01	CI	TY OR TOWN	COUNTY	STATE
Atte o o o o th o oth o oth		Ra I certify that (I)		ol) attended th	e deceased t	rom -12	18	10" 8	10 12	121	19 tho	t (I (w) lost
A P P P P P P P P P P P P P P P P P P P		saw the decease	a alive on	12	2	19 000	nd that in (my)	(aur) apinion a	eath accurred a	n the date and ha	ui and from the cau	
A de la	7	SIGNATURE	did Itala not	view the body	offer death.		DEGLEE	41	D. Ga	AL SL.	22c. DATE SIG	SNED I
A 14 D 17 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1		(Deo	4	ta	when		MI	PHYSIC AND	MEDICAL	STAF	May 1	2/21/8
FUNERA Id Ser d the Stu	27	O. PHYSICIAN S N	AME (TYPE OR	1	1/20	NAD	22e. ADDRES	Rote	T3 2	Be	x 127	044
A 0 0 4 3 1	1	1175/14		ONW	KIN			SA	Soul	MAC	LAT	7 4/60
4	23s. BUS	E WYS	REMOVAL	23b. DATE	100	23c NAME OF C			123 COCATIO	OWN OWN	COUNTY	S IAN
BP		rial ERAL DIRECTOR		12/24/	86	Md Vet	eran's	Cemeter			orchester	
DHMH - 16 60M 7/B4 (VRA 15, 4)	Design To the	wham Fun	1	lama	ADDI	eton Ma		230. DATE	DEC 24		mea Devider	

Lympit manager of the first terms of the TON COMPLETE TO THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PARTY

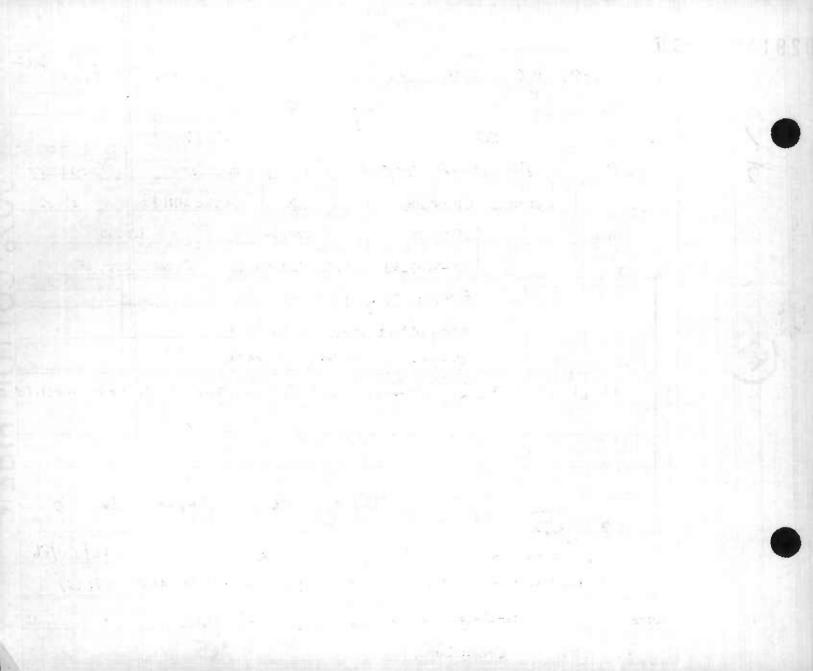
			FOR					AARYLAND I AND MENTAL H	YGIENE 5	3 6	in the	5 0
0283	3.00 DEC 2		SIATE FGISTRAR			DICAL EXAMIN		ERTIFICATE O		REG. NO.		
		1 DE	CEASED NAME	FIRST		WIDDIE	-	LAST	20 DATE	KNOWN MOH	NIH DAY	YEAR 2b. HOUR
	1. SS. S. S. T.	(TYP	Fali It	'am	F		K	ish	OF DEATH	MATED X	2 /2 19	86 M M
	RECTE SEE	3 SEX	1. RA	CE	5. DATE OF BIRTH	YEAR LAST BIRTHI		DER 1 YR. IF UNDER			TH DAY	YEAR 2d. HOUR
	ECESSARY, PIEASE FEAL DIRECTOR. 78 YOUR FILES. THIN 72 HOURS FRESTON STREET,		M	W	11 30	7/	YRS.	HS DAYS HOURS	MIN. PRONOUN		12-860	drog M
	SSA RAIL	7a BI	RTHPLACE (STATE OR		Th CITIZEN OF WE		8. MARR	ED NEVER MARRI	FD 9 BALTIM	ORE CITY OR CO	UNTY OF DEA	тн
	25.55	Ma	aryland		US	SA	WIDOW		ED 🗆	Talbot		MD.
. 0	SERE	ill'CI	TY OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING HON	AE, OR OTH	ER INSTITUTION	12a USUAL OCCU	PATION (TYPE OF WO	OR INI	OF BUSINESS DUSTRY
10	A PRESIDE		ston		memor	ig/ HOS	aitu		enginee		Town	
9	COEFES	130 S	L RESIDENCE (IF IN N	N. COUNT	Y	134 CITY OR TOWN	· ·	13d INSIDE CITY LIMITS?	13e_STREET ADDRI	:§S	(11)	
212	まる自己用		aryland	Car	oline	Greensbo	oro	YESX NO	Sunset	Avenue	216	539
-	A GON-H	PK F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	A	AIDDLE	LAST	
OR	200 300	7	Stephen VAS DECEASED EVE	D INTILE ADA	AED CORCECS	Kish	OLA VI	Paulir 17. INFORMANT	ie	ADDRESS	Mered	ith
1 14	GIVE PA GIVE PA TITH FOR PAGES WISION	AY	ES, NO, OR UNKNOWN)	(IF YES, GIVE V	var or Dates)				D Vich		to the	MD
-8	40 E & 2	Y				220-32-84	/1	Stephen	K. KISII	Rido	70.77	IVID
ST.	MA 18.		PART I DEATH V	WAS CAUSED	BY:	far (a), (b), and (c).)	vi. L	tomocrh	1160		BETWEEN	ONSET AND DEATH
PRESTON ST	ITEN ITEN ITEN ITER		200	IMMEDIAT	DUE TO, OR	AS A CONSEQUENCE	OF.	iemonia	7			
RES	EWC EN		Conditions, if		0	arcinoma	al	Luna				
	WIT WIT A NIT A NI		gave rise to cause (a) statin	g the under-	DUE TO, OR	AS A CONSEQUENCE	OF	1				
201.W.	NEXA P		lying cause last	<u>1.</u>	(c)						100	
	SHOULD BE EXECUTED WITHIN 24 HOW ORD "PENDING" IN PENCIL IN ITEM IS CHIEF MEDICAL EXAMINER ALONG BE USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE. BURIAL, CREMATION, OR REMOVAL		PART 2 OTNER SIGNIFICA	NT CONDITIONS C		RUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 to			-
DIVISION OF VITAL RECORDS.	MEDIC MEDIC MEDIC AS A EALTH CREW	NO O										
38	OULD "PER MILE A MEAN OULD A M	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDIT	TON FOR WHICH OPE	RATION W	'AS PERFORMED?			20 AUTO	OPSY?
VII	E SHOUL VORD "I VORD "I BE USE NTOF H BURIAL	HE								T E TOWN	YES	□ NO □
Ö	E TE SAS		210. EXTERNAL CAU	OR OR	216. TIME OF HOUR A.M	MONTH DAY YEA		OW INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	OR PART 2)	
O N	ERTIFIC ING TH SCHOU PRIOR	MEDICAL	CONTRIBUTING	CAUSE OF D								
SIVIS	WRITING WRITING WRITING ARDED AGE 3 SI ATE DEP 1201 PR	MED	MHILE UNO.		STREET FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TO	wn	COUNTY	STATE
			AT WORK AT V	NORK								
	POR	l d	22a. I certify that	I taak charge	e af the remains des	cribed abave, held an	Autop	sy 🔲, Inspectial	Inquiry	and in m	y apınıan	
	SYLA SYLA	1	death resulted fra	m: Nature	al causes .	Accident, S	vicide	, Hamicide L.	Undetermined mi	onner,		
	A WAY		ACTUAL	Lan	in AX	Verte		TITLE (SPECIFY)		DA	ATE /	-17.91
	ZEE SEE		SIGNATURE	y News	000	11/11.	M	.D	MEDICAL EXAM	AINER SK	GNED	12.00
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		EXAMINER'S NAME (TYPE OR PRINT)	Lo	413 D.	V16/14		ADDRESS EA	STON	md		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23o.B	URIAL, CREMATION,	REMOVAL 23	B DATE	23t. NAME OF CE			23d LOCATION		COUNTY	STATE
07/84			urial		12-15-86	Greensl	boro (Cemetery	Greenst		CA	MD
25M	DHMH - 17		NERAL DIRECTOR		ADDRESS			250. DATE F	REC'D. BY REGISTRA	R 256 REGISTRAR		
	(VR A15 ME (5))	Jo	hn E. Bo	ulais		nsboro, MD)	UEU 1	9 1986 1		42 1.46	IA,



Walter EASED EVER IN U.S. AR UNKNOWN) (IF YES, GN ISE OF DEATH (Enter or T.I. DEATH WAS CAUSE	A. RACE White The CITIZEN OF WHAT CO U.S.A. 111. NAME OF HOSPITA (IF NOTINSUCH FACILITY, DROTHER INSTITUTION, GIVE RESID INTY albot Jack RMED FORCES? NE WAR OR DATES! 18 Inly one cause per line for (ED BY: UTE CAUSE (O) DUE TO, OR AS A CO (b)	S. DATE MON 02 OUNTRY? 8. MARRI WIDOW L, NURSING HOME GIVE STREET ADDRESS) LAMBER OF THE COMMENT OF TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 01, (b), ond (c). 1-50-1113	O7 72 ED NEYER MARRIED DIVORCED DIVORCED OR OTHER INSTITUTION 134. INSIDE CITY LIMITS? YES X NO DI 15. MOTHER'S MAIDEN NO FIRST Paulin 17. INFORMANT W Jack La	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Student 130 STREET ADDRESS / ZIR 642 Howard S AME ADDRESS ne 642 Howard	P CODE CODE
Edwar E (STATE OF FOREIGN DWN OF DEATH STON ENCE (IF NURSING HOME OF Tand Ta NAME IRST Walter EASED EVER IN U.S. AR UNKNOWN) SE OF DEATH (Enter of T.I. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	4. RACE White The CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITAL (IF NOT INSUCH FACILITY, TAIL TO THE INSTITUTION, GIVE RESID INTY TO THE	S. DATE MONIO OZ OUNTRY? MARRI WIDOW L, NURSING HOME GIVE STREET ADDRESS) LAMBER OF TOWN ASTON LAST LANE CIAL SECURITY NO. 1-50-1113 O), (b), ond ic). ONSEQUENCE OF	OF BIRTH OF 772 ED ONCED DIVORCED DIVORCED DIVORCED 13d. INSIDE CITY LIMITS? YES X NO DIS. MOTHER'S MAIDEN NA FIRST Paul in 17. INFORMANT W Jack La	14 18 BALTIMORE CITY OR CO 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOIL 130 STREET ADDRESS / ZIP 642 Howard ADDRESS ME ADDRESS ME ADDRESS ME ADDRESS	P CODE St Easton MD IF UNDER 1 YEAR IF UNDER 24 HR P CODE St 21601 Bement
Edwar E (STATE OF FOREIGN DWN OF DEATH STON ENCE (IF NURSING HOME OF Tand Ta NAME IRST Walter EASED EVER IN U.S. AR UNKNOWN) SE OF DEATH (Enter of T.I. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	A. RACE White The CITIZEN OF WHAT CO U.S.A. 111. NAME OF HOSPITA (IF NOTINSUCH FACILITY, DROTHER INSTITUTION, GIVE RESID INTY albot Jack RMED FORCES? NE WAR OR DATES! 18 Inly one cause per line for (ED BY: UTE CAUSE (O) DUE TO, OR AS A CO (b)	S. DATE MONIO OZ OUNTRY? B. MARRI WIDOW I., NURSING HOME GIVE STREET ADDRESS) LAMBERICE BEFORE ADMISSION Y OR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 DI, (b), ond Ici.	OF BIRTH O7 72 ED NEVER MARRIED 13 (ED DIVORCED DIVORC	6. AGE (IN YEARS LAST BIRTHDAY 14 9. BALTIMORE CITY OR CO 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Student 130. STREET ADDRESS / ZIR 642 Howard S ME MIDDLE ADDRESS ne 642 Howard	PCODE St 21601 St Easton MD
E (STATE OR FOREIGN DWN OF DEATH STOW ENCE (IF NURSING HOME OF 13b. COUR 13h. COUR 13h. COUR 13h. COUR 14 YES, GR WATE WATE WATE WATE INFORMATION INFORMATION SE OF DEATH (Enter or T.I. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	A. RACE White The CITIZEN OF WHAT CO U.S.A. 111. NAME OF HOSPITA (IF NOTINSUCH FACILITY, DROTHER INSTITUTION, GIVE RESID INTY albot Jack RMED FORCES? NE WAR OR DATES! 18 Inly one cause per line for (ED BY: UTE CAUSE (O) DUE TO, OR AS A CO (b)	S. DATE MONIO OZ OUNTRY? B. MARRI WIDOW I., NURSING HOME GIVE STREET ADDRESS) LAMBERICE BEFORE ADMISSION Y OR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 DI, (b), ond Ici.	OF BIRTH O7 72 ED NEVER MARRIED 13 (ED DIVORCED DIVORC	14 PRACTIMORE CITY OR CO Talbot 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Student 130. STREET ADDRESS / ZIP 642 Howard S AME ADDRESS THE 642 HOWARD	PRINCE LIFE TO THE STATE OF BUSINESS CONTROL LIFE TO THE STATE OF THE STATE O
E (STATE OR FOREIGN DWN OF DEATH STON ENCE (IF NURSING HOME OF 13b. COUNT 13b. COUNT 17c Walter EASED EVER IN U.S. AR UNKNOWN) (IF YES, GN TI. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	White 7b. CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, IF NOT IN SUCH FACILITY, INTY albot MDDIE Jack RMED FORCES? IVE WAR OR DATES] DUE TO, OR AS A CO (b)	MONDO OUNTRY? MARRI WIDOW L, NURSING HOME GIVE STREET ADDRESS) MEMCE BEFORE ADMISSION Y OR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 O), (b), ond Ickl ONSEQUENCE OF	DAY O7 72 ED ONEYER MARRIED 180 ED DIVORCED DI	PADDRESS A DORESS ADDRESS A	VRS. MONTHS DATS HOURS MIT COUNTY OF DEATH COUNTY OF DEATH PRINT LIFE INDUSTRY CODE St 21601 Bement St Easton MD
E (STATE OR FOREIGN DWN OF DEATH STON ENCE (IF NURSING HOME OF 13b. COUNT 13b. COUNT 17c Walter EASED EVER IN U.S. AR UNKNOWN) (IF YES, GN TI. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	The CITIZEN OF WHAT CO U.S.A. 11. NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, ITY) AND THE RINSTITUTION, GIVE RESIDINTY AND THE STATE OF THE STAT	MARRIWIDOW L, NURSING HOME GIVE STREET ADDRESS) LAMBER OF ADMISSION Y OR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 D1, (b), and ic). ONSEQUENCE OF	DI NEVER MARRIED (X) VED DIVORCED DIVORCED OR OTHER INSTITUTION 134. INSIDE CITY LIMITS? YES (X) NO DI 15. MOTHER'S MAIDEN NO FIRST Paul in 17. INFORMANT W Jack La	BALTIMORE CITY OR CO. Talbot 12a USUAL OCCUPATION (1YPE OF WORL FOR MOST OF WORL Student 13a STREET ADDRESS / ZIP 642 Howard STANDOLE ADDRESS ME ADDRESS ME ADDRESS	P CODE St 21601 Bement St Easton MD
ENCE (IF NURSING HOME OF TAME INSTEAD OF THE INSTEA	U.S.A. 11. NAME OF HOSPITAI (IF NOT IN SUCH FACILITY, ITY) ANDOLE Jack RMED FORCES? IVE WAR OR DATES! DIE OLOSE (0) DUE TO, OR AS A CO (b)	MARRI WIDOW L, NURSING HOME GIVE STREET ADDRESS! MEMORE GIVE STREET ADDRESSION YOR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 OI, (b), ond ic). ONSEQUENCE OF	DIMORCED DIM	Talbot 12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Student 13a STREET ADDRESS / ZIP 642 Howard STANDOLE ADDRESS ME ADDRESS ME ADDRESS	COUNTY 17b. KIND OF BUSINESS
ENCE (IF NURSING HOME OF TAME INSTEAD OF TAME	III. NAME OF HOSPITAL (IF NOT INSUCH FACILITY, E A SON OR OTHER INSTITUTION, CIVE RESID INTY I 3c. CITY a l bot E MIDULE Jack RAMED FORCES? NE WAR OR DATES I 16b. SOC 18 INTY I 18 INTY I 19 I	WIDOW L, NURSING HOME GIVE STREET ADDRESS) LAMP OR RENCE BEFORE ADMISSION Y OR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 D), (b), ond ic). ONSEQUENCE OF	DIMORCED DIM	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOIL 13a STREET ADDRESS / ZIF 642 Howard S AME ADDRESS ne 642 Howard	PRINGLIFE) 17.0. KIND OF BUSINESS (INDUSTRY) CCODE St 21601 Bement St Easton MD
ENCE (IF NURSING HOME OF TAME INSTEAD OF TAME	(IF NOT IN SUCH FACILITY, FROTHER INSTITUTION, CIVE RESIDE INTY I Jack RAMED FORCES? NE WAR OR DATES INTY I Jack I Jack RAMED FORCES? NE WAR OR DATES I MILLION I MI	GIVE STREET ADDRESS) A PAN OR RENCE BEFORE ADMISSION Y OR TOWN aston LAST Lane CIAL SECURITY NO. 1-50-1113 O), (b), and (c). 1 ONSEQUENCE OF	13d. INSIDE CITY LIMITS? YES [X] NO [] 15. MOTHER'S MAIDEN NO FIRST Paulin 17. INFORMANT W Jack La	(179E OF WORK FOR MOST OF WOR Student 138 STREET ADDRESS / ZIR 642 Howard S AME ADDRESS ADDRESS ne 642 Howard	PRINGLIFE) 17.0. KIND OF BUSINESS OF BUSIN
PANE ISE OF DEATH (Enter or T.) IDEATH WAS CAUSE IMMEDIA: IMME	MODIE Jack RMED FORCES? INTERVALOR OF AS A COLOR OF A COLOR OF AS A COLOR OF A COLOR OF AS A COLOR OF A CO	Nemore server admission y or Town aston Last Lane CIAL SECURITY NO. 1-50-1113 o), (b), ond ic). ONSEQUENCE OF	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NO FIRST Paul in 17. INFORMANT W Jack La	Student 13. STREET ADDRESS / ZIP 642 Howard S AME ADDRESS ne 642 Howard	St Easton MD
NAME INST Walter EASED EVER IN U.S. AR UNKNOWN) (IF YES, GN SE OF DEATH (Enter or TI. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	MIDDLE Jack RMED FORCES? IVE WAR OR DATES! DUBY One couse per line for (1-20 By 1) AND COUSE CAUSE (a) DUE TO, OR AS A COUSE (b)	LAST Lane CIAL SECURITY NO. 1-50-1113 O), (b), ond ick!	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NO FIRST Paul in 17. INFORMANT W Jack La	642 Howard S ME ADDRESS ADDRESS ME ADDRESS	St Easton MD
Tand Ta NAME IRST Walter EASED EVER IN U.S. AR UNENOWN) (IF YES, GRO SE OF DEATH (Enter or TI. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	Albot E. MIDDLE Jack RMED FORCES? IVE WAR OR DATES! INIT CAUSE (0) DUE TO, OR AS A CO (b)	LAST Lane CIAL SECURITY NO. 1-50-1113 O), (b), ond (c). ONSEQUENCE OF	YES (X) NO [] 15. MOTHER'S MAIDEN NO FIRST Paulin 17. INFORMANT W Jack La	e ADDRESS	St Easton MD
Walter Walter EASED EVER IN U.S. AR UNKNOWN) (IF YES, GR SE OF DEATH (Enter or T.I. DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	MIDDLE Jack RMED FORCES? NE WAR OR DATES! 18 Inly one cause per line for (LED BY: VITE CAUSE (O) DUE TO, OR AS A CO (b)	LAST Lane CIAL SECURITY NO. 1-50-1113 a), (b), and (c). 2) pratc ONSEQUENCE OF	15. MOTHER'S MAIDEN NO FIRST Paulin 17. INFORMANT W Jack La	e ADDRESS	Bement St Easton MD
Walter EASED EVER IN U.S. AR UNENOWN 1 (IF YES, GN SE OF DEATH (Enter or T.I. DEATH WAS CAUSE IMMEDIA ions, if any, which rise to immediate	Jack RMED FORCES? INE WAR OR DATES] INITIAL DATES DUE TO, OR AS A CO (b)	Lane CIAL SECURITY NO. 1-50-1113 o), (b), and ic), 1 2) prafc ONSEQUENCE OF	Paulin 17. INFORMANT W Jack La	e ADDRESS	Bement St Easton MD
ISE OF DEATH (Enter or T. DEATH WAS CAUSE IMMEDIA)	RMED FORCES? IVE WAR OR DATES! 18 Inly one cause per line for (1) IVE CAUSE (0) DUE TO, OR AS A CO (b)	1-50-1113 o), (b), and ichi consequence of	W Jack La	ne 642 Howard	St Easton MD
(IF YES, GN SE OF DEATH (Enter of T). DEATH WAS CAUSE IMMEDIA: ions, if any, which rise to immediate	NE WAR OR DATES] 18 Inly one cause per line for (in ED BY: ITE CAUSE (o) DUE TO, OR AS A CO (b)	1-50-1113 01, (b), and (c), 1 2) prata ONSEQUENCE OF	W Jack La	ne 642 Howard	
SE OF DEATH (Enter or I. DEATH WAS CAUSE IMMEDIA)	Inly one couse per line for the ED BY: ATE CAUSE (o) DUE TO, OR AS A CO	o), (b), and (c), 1 2) prato ONSEQUENCE OF	ony insuf		
SE OF DEATH (Enter of T.I. DEATH WAS CAUSE IMMEDIA ions, if any, which rise to immediate	Inly one couse per line for (I ED BY: ITE CAUSE (O) DUE TO, OR AS A CO	o), (b), and (c), 1 2) prato ONSEQUENCE OF	ony insuf		
IMMEDIA ions, if any, which rise to immediate	DUE TO, OR AS A C	ONSEQUENCE OF		francis	BETWEEN ONSET AND DEAL
ying cause last	CONDITIONS CONTRIBU	TING TO DEATH BU	es Musculo	IN	
_		^		YES NO	YES NO
TRIBUTING CAUSE OF DE		Y ONTH DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN 1	TEM 18 PART I OR PART 2)
ER, NOTIFY MEDICAL EXAMINE	- 1 - A	2 24 19	30		
URY OCCURRED	21s. PLACE OF INJUR		211 LOCATION	CITY OR TOWN	COUNTY STATE
NOT WHILE	(AT HOME, STREET, FACTO	RT, OFFICE, FARM, ETC.)	3,440		
rtify the (I) (his hospi	oital) attended the decease	ed from	51.01 MW	10 12/24	1986 , that (I) (we) I
,	1010	46. 4	and that in (my) (aur) apinion	death occurred on the date a	
NATURE		oth	DECREE		22s. DATE SIGNED
Juchter	souter. 9	fusile i		MEDICAL STAFF DIRECTOR PHYSICIAN	
SICIAN'S NAME LIYPE O			22e ADDRESS	rate .	
	A 1	_	500 0.1	= 1	or, not god on
					210
REMATION, REMOVAL	L 23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	2(0
		23c NAME OF		23d. LOCATION	COUNTY STATE MD
G	w the decessed give of pover (i) (ive) did id in GNATURE	w the coast give on 12124 DOVE (1) (Ne) (31d) (31d not) view the body after dei SNATURE SUCCETA DOUTER JYSICIAN'S NAME (TYPE OR PRINT)	w the ceased live on 2224 1986 or over (1) (Ne) (3) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	w the ecosol alive on 12/24 19 % ond that in (my) (aur) apinion payer (1) (Ne) (31d) (did not) view the body after death. DEGREE ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT) 122e ADDRESS	w the ecosol alive on 12124 1986, and that in (my) (aur) apinion death occurred on the date of payer (1) (be) (3) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d



201	L A O LAN		1 - 87	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND M	ENTAL HYG		G. NO.	6 ~	3 2
231	1 4 9 July	1		EASED NAME	FIRST	TALLE	MIDDLE	Į	AS1		20. DATE OF DEA		DAY YEAR	2h HOUR
	oge 3	- 1	(TYPE	OR PRINT)	0-0		W.	101	Inmat	P		17	20 81.	1247A
	deg	-	2 CEV		PORO	RACE		I DATE C	OF BIRTH		6 AGE (IN YEARS LA	12	IF UNDER I YEAR	IF UNDER 24 HRS
	frer frer		3. SEX	.0.	1	1) KACE		MONTH	DAY	YEAR	AGE (INTERESTA	SIBIRINDATI	MONTHS DAYS	HOURS MIN.
	ge ecte			IN	- 11	u)	De	ec. 20	05	81	YRS		
-	Po de Po	1	7a. BIF	RTHPLACE (STATE OR OUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8.	D X NEVER M	ADDIED [9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	4 20 18	0	-	laware	- 1	US	A	WIDOWE		ORCED T	Tal	bot	-	MD
	da the	0		Y OR TOWN OF DE	ATH		HOSPITAL, NURS				120 USUAL OCCL	PATION	12b KIND O	F BUSINESS OR
	是 等	O	-	Enclose			CH FACILITY, GIVE STREET		1.109	· ton	(TYPE OF WORK FOR A	AOST OF WORKING	LIFE) INDUSTRY	
20	E = 5	0	F	. 451011		Mem	orial 1	ospe	ear Co CA	(A. 10)	carpente	er .	car	pentry
21	P P P P	1	130 S	L RESIDENCE (IF NUR!	136 COUN		GIVE RESIDENCE BEFO		134 INSIDE CIT	TY LIMITS?	13e.STREET ADDR	ESS / ZIP COD	DE .	
2	24 oulo		Ma	ryland	Ca	roline	Greensl			NO X	Boyce	Mill Ro	ad	21639
YLA	thin 2 sh		_	THER'S NAME					15. MOTHER'S	MAIDEN NA	ME		177	
A	3 9 8 0 5	1)	William	BITT	MIDDLE	LeCompt	_	10	rraine	MIDI	DLE	Lyons	
BALTIMORE, MARYLAND 2	of contract of the contract of		14. 14	AS DECEASED EVER	INITIS AD	MED EODCESS	16b. SOCIAL SEC		17 INFORMAN			DDRESS	Lyons	
ORI	dice ges	5		ES, NO OR UNKNOWN)		E WAR OR DATES)								
₹ E	Po S. Po		no				220-16-	7549	Beulah	LeCo	mpte	Greens	boro, M	
IAL	sicio of.			18 CAUSE OF DEAT	H (Enter on	ly one couse per	r line for (o), (b), o	nd (cs.)	1-2-				BETWEEN	MATE INTERVAL
-	phy npo mov			PART I. DEATH V		D 8Y. E CAUSE (o)	Respir	aton	. fail	ure				
Z	tho rho				IMMEDIA									
5	th co			C the of		DUE TO, O	COMA C		hear	+ fai	lure		Y 1	
RES	Irou			Conditions, if ony		(b)	coulde	1106	VIEW	. (-(.		_	_	
W. PRESTON ST.,	ohe like			couse (o), station underlying couse	ng the	DUE TO, O	Covon	JENCE OF	arten	y dis	ease			
20	243 0			PART 2 OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED 1	TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 10	
DS	and to the state of the state o	- 1	N	Atria	1 fib	villa by	in a	mni	c renal	1 Pail	ure, Typ	« I di	abeles	mellity
Ö	1 1 2 2	\dashv	CERTIFICATION	190 DATE OF OPERA	1	4 . 1 . 50	ITION FOR WHIC				200 AUTOPSY?		ES, WERE FINDIN	
E E	di gas	7	FIC	7,6 5,112 0, 0, 2,1,1								IN CERT	IFYING CAUSES	OF DEATH?
IAI	the state of	patter,	F						Tax 11-11-11		YES NO		ES	NO 🗌
5	18 18 18 18 18 18 18 18 18 18 18 18 18 1	0	-	218. ACCIDENT WAS UN		1100100 1		AY YEAR	TIE HOW INJ	URY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)	
0	KIA g pl g pl entif iol-t iol-t	71	AL	(IF EITHER NOTIFY MED			.M.	19						
Ö	HYS or fi	1	MEDICAL	21d INJURY OCCUR	RED		OF INJURY		211 LOCATION	N	5.00	ORTOWN	COUNTY	STATE
DIVISION OF VITAL RECORDS,	G Pure the the ond		Σ	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM, ETC }	ZIKEEI		CIIT	OKTOWN	CODIVIT	STATE
0	Afte of the solth			220.1 certify that (II		tol) ottended th	ne deserved from	1	2/14	10 86	10 /	2/20	10.86	that () (we) lost
	FEN S	_ (The second secon		The same of the sa	1 0	71	1	our) opinion	deoth occurred on	1		
	ATT Section of the distriction o			sow the deceos obove, () (will)	did) (did no	view the body	after death.			ост, ориноп	acom occarred on	me dote ond no		
	OR e ho			226. SIGNATURE	11				DEGREE	TENDING	MEDICAL	CTAFF	22c. DATE	SIGNED
	Al Al Al Jeto) (1	m	In	.0.	PI	HYSICIAN D	DIRECTOR PI	STAFF HYSICIAN [12/	20/86
	O HOSPIT, etoined by TO FUNER, should be d with the Sto WIPORTAN	,		22d. PHYSICIAN'S N			_		22e ADDRESS					
	retoined by TO FUNER should be with the St	11		1	COKI	WIN	M.D.		Box	660	DEN TO	NIME	216	29
	Of of Short	1	23c D	URIAL, CREMATION,	DE MACUAL	23b DATE	1 22.	NAME OF C	EMETERY OR CI	DEMATOR	123d LOCATION			
			D.	orial, CREMATION, Irial	KEMOVAL	12-23					CITY OR TO	WN	COUNTY	MD
	BP	1				12-23	-00 0	reens	oro Ce	m,	Green	sboro	CA	
	DHMH - 16 60M 7/B		74 FL	NERAL DIRECTOR			ADDRESS			750 DAT	E REC'D. BY REGIS	TRAR 256 REGIS	TRAR'S SIGNAT	URE
	(VRA 15, 4)		Jol	nn E. Bou	lais	Gre	ensboro	, MD		200	30 131	Julia	Dander	marke



Easton, Maryland

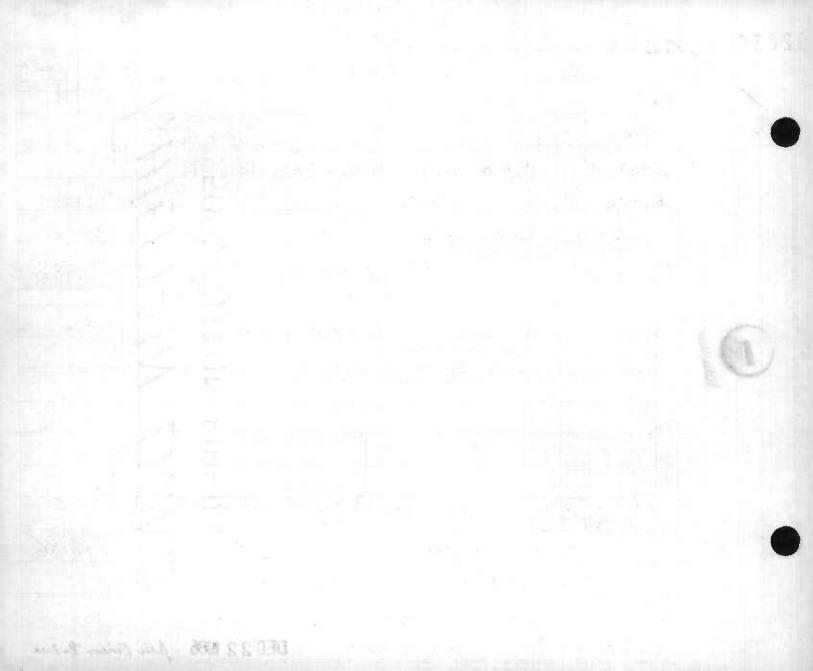
24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH - 16:60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



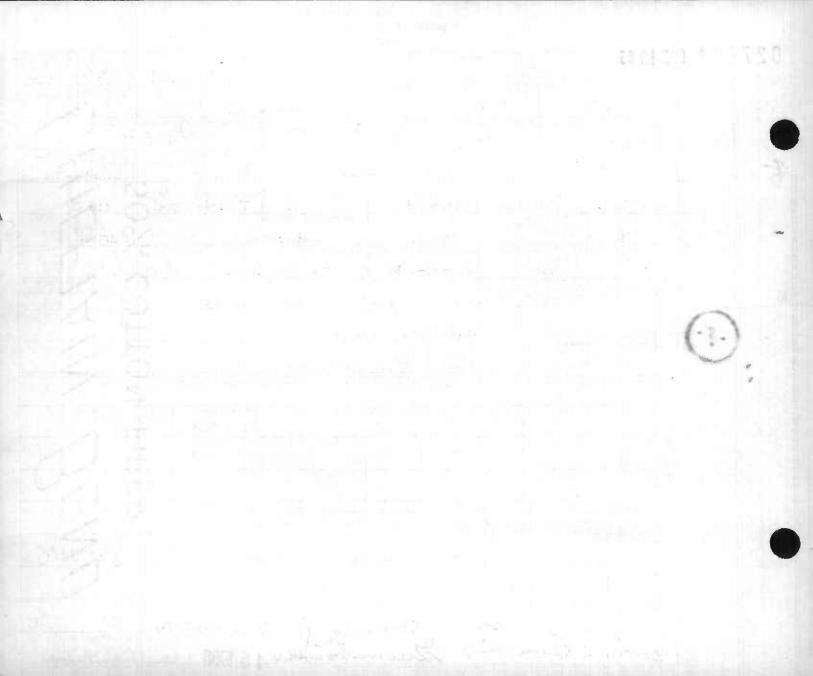
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 20 DATE KNOWN LETTE OR HINTS OF ESTI-4 RACE 5. DATE OF BIRTH AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED 29 white 68 18 male BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Maryland

10 CITY OR TOWN OF DEATH WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! laborer farm 134 INSBE CITY LIMITS? | 134 STREET ADDRESS DECITY OF TOWN Caroline YES X NO 105 Vaughn Greensboro 21639 Maryland IS MOTHER'S MAIDEN NAME Barthmaier Catherine Luckett Donald 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN **ADDRESS** Greensboro, MD Catherine B. Luckett 18. CAUSE OF DEATH (Enter anly one cause per APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a) stating the under-A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 18 AUTOPSY? THE EXTERNAL CAUSE WAS THE TIME OF INJURY ONTRIBUTING WHILE AT WORK 22a I certify that \$ death resulted to EXAMINER'S NAM TYPE OR PRINT) THE BURIAL CREMATION, REMOVAL 336. DATE THE NAME OF CEMETERY OR CREMATORY THE LOCATION STATE Greensboro Cemetery | Greensboro Cemeter | Greensboro Cemet 12-11-86 Burial Greensboro MD 07/84 24 FUNERAL DIRECTOR **DHMH - 17** John E. Boulais Greensboro, MD (VR A15 ME (5))

STATE OF MARYLAND

0.27514151334 12-12 1 Wilson in while Hall contoll made 1. William Har som the Sugar Heller line Il

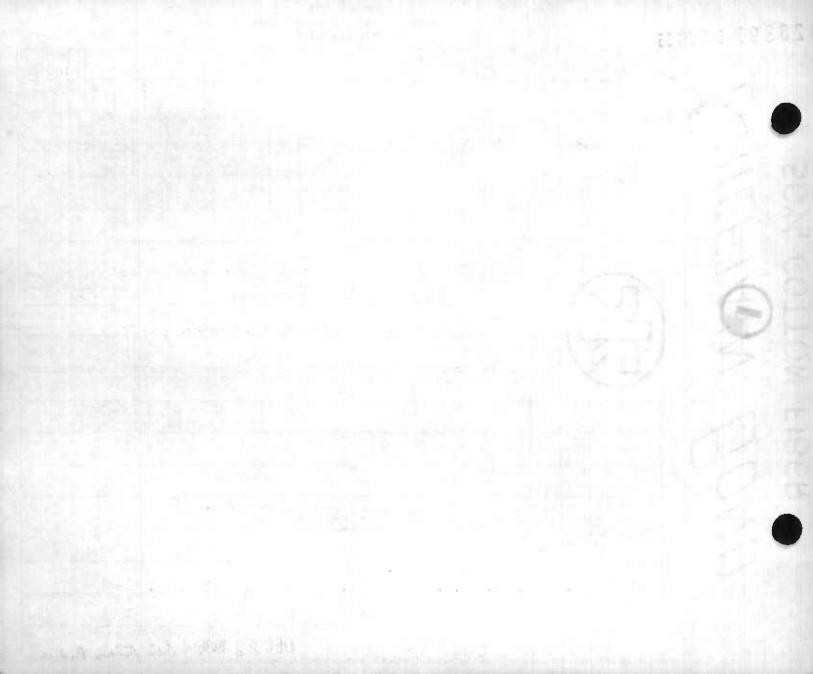
0070010	7 - FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O 3	ó , , , q
O C C D B I D	1 DECEMBED NAME FIRST LES	ter MIDDLE	Lynch	December	7,1986 2 AM
oge 4 mc rector, p	Male Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 7 1919	6. AGE (IN YEARS LAST BIRTHDAY) 67 YRS.	A UNDER I YEAR IF UNDER 24 HRS
death. P	70. BIRTHPLACE (SLATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OR COUNT	OT MD.
by the filled with	EASTON	11. NAME OF HÖSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET MEMO	ADDRESS) RIAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY equipment
filled in		other institution, Give residence before VIY 13c. CITY OR TOW Maryde	N 13d INSIDE CITY LIMITS? YES NO X	136.STREET ADDRESS / ZIP COL Temple Road	21649
ompletely 1 and 2 si	Alfonzo	LAST Lynch	15. MOTHER'S MAIDEN NA Cather	ine	Purnell
on and c	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) YES WWIII	E WAR OR DATES)		Lynch Mary	del, MD
physician poper movel.		oly one couse per fine for (a), (b), and D BY: TE CAUSE (a) Achilt R	espiratory Distress	Suctione	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
good by the death of the plant of the plant of the confidence of t		DUE TO, OR AS A CONSEQUE (b) PUR MA DUE TO, OR AS A CONSEQUE (c) 1 TO MARKET A CONSEQUE CONDITIONS CONTRIBUTING TO CONTRIB	by fulfly	MINAL DISEASE OR CONDITION G	IVEN IN PART TO
to been to been to be property to be	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\text{NO} \)
riding physics of the certificons or term 18 nor term	OR CONTRACTOR COLOR	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
offending offer this of the burner of the burner or the bu	ORCONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDII cospital or eCTOR: A cd for use of it, of Health	sow Me deceased alive on	tol) attended the deceased from_ t) view the body after death.	The state of the s	, to death occurred on the date and ho	
HOSHIAL OR HINGEAL DIR Width Effects Width Street	22d. PHYSIC AN S NAME (1980)		22e ADDRESS	MEDICAL STAFF	12/7/H
A DI	230 BURIAL, CREMATION, REMOVAL	eske, M.D. [23c N	Easton,	Md. 21601	
BP	Burial	12-9-86 G	reensboro Cemeter		CA MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERATORECTOR BU	ulais 100 12	eenstout to	te recid. By registrar 256 regis	Traden Pardett



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2

ł	188	STATE REGISTRAR		DEF	CERTIF	ICATE OF DEATH	REG. N			
1	1 DEC	EASED NAME FIRST		MIDDLE	į.	AST	20 DATE OF DEATH		AY YEAR	26 HOUR
I	TYPE	I rm	a	Н.	Mc	Quay	December	16, 1	986	6:45 Am
1	3.5EX		4 RACE		5. DATE C		6 AGE IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS
ı	Fe	emale	White		12	11 13	73	YRS.	ONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
V		aryland	U.S	.A.	WIDOWE		Talbot			MD.
1	0 CI	TY OR TOWN OF DEATH		HOSPITAL, NU		R OTHER INSTITUTION	126 USUAL OCCUPAT			F BUSINESS OR
4	10/775	aston				-The Pines	Secretary		Packin	g Co.
1		AL RESIDENCE (IF NURSING HOATALE 136 C	NE OR OTHER INSTITUTION OUNTY	130 CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
4			1bot	Tilgh	man	YES XI NO [Chicken Po	oint Ro	ad 2	1671
1	14 FA	THER'S NAME	WIDDLE	LAS		15 MOTHER'S MAIDEN NA	MIDDLE		LASI	1
4		John	В.	-	rrison	Lottie	E.	500	Covi	ngton
I		VAS DECEASED EVER IN U.S	ARMED FORCES? GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT				
١	n	0		1220-0	1-9921	David L. Mc(}uay P. 0. F	ox_207		man MD
ı	1	18 CAUSE OF DEATH (Enter	anly ane cause pe USED BY	r line far (a), (and icil	1 Fa	One		BETWEEN	MATE INTERVAL
ı		IMME	DIATE CAUSE ID)		espe	entry I w	^	^	7-	en
ı		Cardinian is an arm		R AS A CONS	EQUENCE OF -	Olas Lauch	. C. Inen	-()	2	
ı		Canditions, if any, which gove rise to immediate cause (a), stating the)	Con	PV PUC	C NOCTOCK IN	2 100 1700 2	700	1	
ı		underlying couse last		R AS A CONS	SEQUENCE OF					
١		PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	3
	NO									
1	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1	NT N						YES NO	YES		NO 🗌
I	11.2455311	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT (OR PART 2)	
۱	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	AINER) F	.M.	19				1931	
ı	WED	21d INJURY OCCURRED	(AT HOME, S	OF INJURY	FFICE FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
١		AT WORK		a danced f	- May (2 19 73	. D	6	0.07	
١		220-1 certify that (I) (this h saw the deceased ally	an 12/11			id that in (my) (aur) aprinian				that (1) (we) last causes stated
ı	9 8	22b. SIGNATURE (d nat) view the bod	atter death.		DEGREE	551		22c DATE	SIGNED
J		IN un	the sou			ATTENDING PHYSICIAN	MEDICAL STA		12/1	18/86
1		224 PHYSICIAN'S NAME IT	PE OR PRINT			22e ADDRESS			1 2 / 2	,
		William H.	Wood, Jr	., M.D.		Rt. 3, Box	106, Easton	, Md. 2	21601	
	23e B	URIAL, CREMATION, REMO	and the second second	105		EMETERY OR CREMATORY	23d LOCATION	_	CADENTA T	MINE
	_	urial	12/19	9/86	Spring	Hill Cemetery			Toot	MD'
		INERAL DIRECTOR		ADDI			P O O 1006			URE
П	N.	ewnam Funeral	Home	Faston	Marylan	Id UE	C 2 2 1986	Auto	No.	4) .

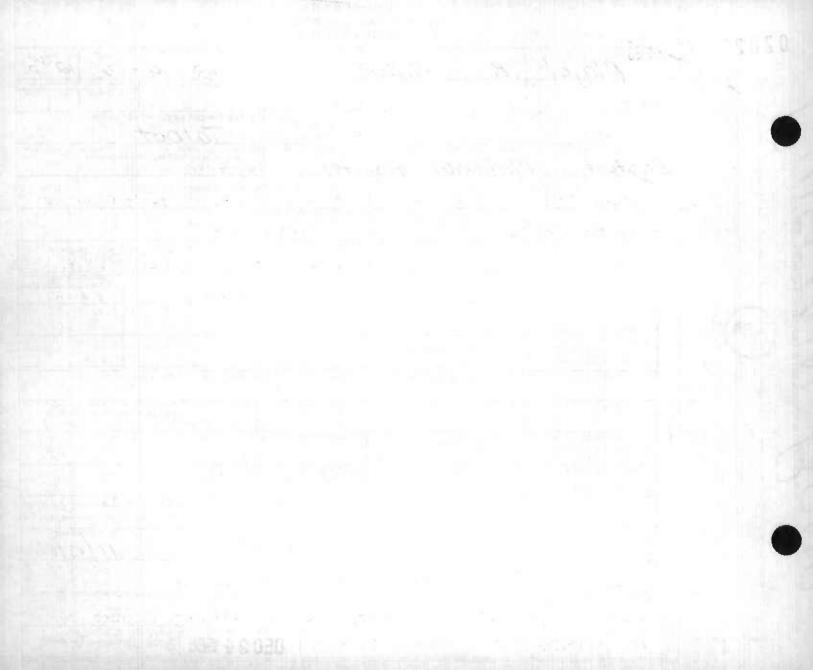
DHMH - 16 60M 7/B4 (VRA 15, 4)



BP. DHMH - 16 60M

02827

		EC#		252.4		E OF MARYLAND	F115 46 P11	7 1		20 . 1
0.7.0	1-	STATE BEGISLBAR		DEPA		ICATE OF DEATH	REG. N			
12/9 DI	DOP	TAHENAME FIRST	M	MODLE		AST		MONTH DAY	YEAR	26. HOUR O
35	Liver	Maie!	R	/	Willes	9	12-	19-80	6	12 5 PM
0	I. SEX		RACE		5. DATE O		AGE IN YEARS LAST BIR	THDAY] IF UND		IF UNDER 24 HRS
directo hours of	1	female	caucasi	an	Mav	13. 1899 YEAR	87	YRS	DAYS	HOURS MIN.
Poor Shou	7a BI	RTHPLACE (STATE OR FOREIGN	L CITIZEN OF V	WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DE	EATH	
within 72		New York	U.S.		WIDOW	DIVORCED	10/	bot		MD.
23/3(7)		- / /		OSPITAL, NUI		OR OTHER INSTITUTION	12a USUAL OCCUPATE		KIND OF	BUSINESS OR
Tiled to	_ free?	AL RESIDENCE (IF NURSING HOME OR	Memo	PRIAL	1105,	01+01	housewife			
pletely filled in by the standard should be filed	13a. S	TATE 13b. COUN	TY	13c. CITY OR T	OWN		13e STREET ADDRESS			
shou shou	-	Maryland Talbo)t	East	on	YES NO	501 E. Dut	chman's l	Lane/	21601
			NIDDLE	LAST		Nellie	MIDDLE		LAST	
0000		VAS DECEASED EVER IN U.S. ARA		16b SOCIAL S	ECURITY NO.	17 INFORMANT		ESHiawatha	Duri	
Poges medica	P	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			Jane K. Jamis	on Gu	ilderland	d. N.	ve Y. 12084
pers. ol.		18. CAUSE OF DEATH (Enter onl	y one couse per l	line for (a), (b)	, and (c),1	1 1	-			ATE INTERVAL
phy npo nov		PART I. DE ATH WAS CAUSED IMMEDIATI		LATEN	1/ m	rocandial in	1 FANCTRON		3 40	ouns
10 to			DUE TO, OR	AS A CONSE	OUENCE OF					
Panil I		Conditions, if ony, which gove rise to immediate	(b)							
1111		couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSE	OUENCE OF			Charles I		
pleas pleas or a			(c)	ANITE ID IT IN IC	TO DE ATH BUT	NOT BELATED TO THE TERMI	NAL DISEASE OD CON	DITION CREATING	D 4 D 1 1	
sign hen to bu	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS <u>CO</u>	NALKIBOTING	IO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN	PARI IIO	
been mit. 1	CERTIFICATION	198 DATE OF OPERATION	196. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER		
has t per	TIFIC						YES NOW	YES [CAUSES C	NO [
nysica icote ronsi H H		71a. ACCIDENT WAS UNDERLYING	216. TIME OF	FINJURY	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART LOS	RPART 2)	
g p riol-t ental	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	P.A		19					
this this do	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	YINUC	STATE
After as th ith ar		AT WORK AT WORK			12/1	6/	/3	100		
OR:) Truse Heo		22a I certify that (1) this hospit			011	nd that in (My) (our) opinion d	eath occurred on the d	17		ot (we) lost
RECT RECT ed fo pt. of em 2		staw the deceased alive on above (1) we (6:d) (did not 276 SIGNATURE	will withe body o	ofter death.		DEGREE			2c. DATE/SI	
F F		2011	6-11	201	110	ATTENDING	MEDICAL STA	FF	17/1	9/86
FUNERAL UID Se det on the State ORTANT:		224. PHYSICIAN'S NAME (TYPE OF	PRINT)	/		22e. ADDRESS	DIRECTOR [] PHISIC	IAIN.	-/-	7700
		Ludwig J.	EgLs	Eder.	[mp	Easton, Ma	ryland 21	601		
5 6 4 3 3 4-	23a E	URIAL, CREMATION, REMOVAL	23b. DATE	1	3c. NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUN	MITY	STATE
P		CREMATION	12-21-	1986	Salisb	ury Crematory	Salisbur	y, Wicomi	ico,	Md.
NH - 16 60M 7/84	24 FL	INERAL DIRECTOR	HOME	₽ DRE	Ston M		REC'D. BY REGISTRAR	Julia Duri	SIGNATH	RE
(VRA 15, 4)	1	NEWNAM FUNERAL	. HUME	Ea:	scon, M	d. 21601 DE	C 2 4 1986	Daniel Branch		



29	5 2 4 JAN	-9 81	STATE OF MAKIL FOR STATE STATE CERTIFICATE OF DEATH STATE CERTIFICATE OF DEATH PEG. NO.	
			DECEASED NAME FIRST MIDDLE LAST 26. DATE OF DEATH MONTH DAY YEAR 26. HOUR	
	noy be poge 3		ERNEST S. MOORE 12 30 86	м
		3. 3	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HE MONTHS DAYS HOURS AN	_
	0 0 0		M Black 1 1914 72 VRS.	٧.
	oth. Pogrerol directory	5 1-18:	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
	deoth in 7		Mal // C	MD.
	the for	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FAGRITY, GIVE STREET ADDRESS) 126. USUAL OCCUPATION (IF NOT IN SUCH FAGRITY, GIVE STREET ADDRESS) 179. KIND OF BUSINESS (INC.) 170. KIND OF BUSINESS	OR
201	E 9		BELLULE GATES St. Retired	
212	ded in	US 13t	SUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 10. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 130. STREET ADDRESS	1
N N	fill 24	0	Mc THILIOT BELLEVE YES B NO GATES STREET 100	2
RYL	1 100	人	FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST	
MA	P 2544	10	JAMES Moore MARY GREN	
ALTIMORE, MARYLAND 21201	execu		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO PRUNNOWN) (IF YES, GIVE WAR OR DATES)	.0
LIMO	Pool e		100 206-12-0217 ANNA MOCKE RT1 Bx73 Ryx	17
BA	at open		18 CAUSE OF DEATH (Enter only one cause pen line for 1971), and 1971	н
TS.	1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Medityle Meyelomel M	
NO.	4 364		DUE TO, OR AS A CONSEQUENCE OF	
PRESTON	1 1 1 1 1 1		Conditions, if ony, which (1b)	
. 98	111		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
5	of the		underlying couse last. (c)	
5.3	a did	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	_
DIVISION OF VITAL RECORDS	# 150	N	Hyperlennedn	
REC	a ped	9	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
TAL	and the second	4		
N N	A post of the	P. GAL	OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
0 2	OS BEEF	/ MEDICAL	(I FEITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION	
ISIO	E E E E		21d INJURY OCCURRED 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21f. LOCATION CITY OR TOWN COUNTY STATE	
Dic.	Affect of the state of the stat		WHITE NOT WHITE ALL WORK ALL WORK 10 (1) (1) WHITE ALL WORK 10 (1) (1) WHITE ALL WORK 11 (1) WHITE ALL W	
	A 1 8 1 1		17 17 17 17 17 17 17 17 17 17 17 17 17 1	ost
-	TA SHOP SHOP		saw the deceased alive on	
	Dept Dept		ATTENDING MEDICAL STAFF	
	HOSPITAL med by th FUNERAL old be det of the State	7	PHYSICIAN S NAME (TYPE OR PRINT) PHYSICIAN S NAME (TYPE OR PRINT) PHYSICIAN S NAME (TYPE OR PRINT)	
	PUN	/	Garage Colored	
	Off Off	1	Michael Whalesold Wim Tests	_
	D.D.	230	BURNAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (IT OR TOWN)	
	BP	6	B 11-2-87 Wood DWWMM ZASTOW INC ME	
		24	FUNERAL DIRECTOR	

BERTHMOKE CITY OK COUNTY OF DEATH	MIDOMED DINOBCED	
AGE (INVERSELES) BASTHDAY) RELINDER 1 VEAR IF UNDER 21 HRS WIN. YRS. YRS.	AA3Y YAG HINOM	3
APP HOUR		
		A. THUM
Total Paris Services	and an arms of the same	
100 170	by Aurora Press of the last of	
	77 3-11-1-1	
And the Control of		
THE RESERVENCE OF THE PARTY OF	WALES IN CLEAN TO BE A TO SELL OF THE SERVICE OF TH	

	lí.	FOR DE 15	12-15-86		RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE (5 O	3 6	m, sinj
780% 00	-	REGISTRAR					REG. N		
TOU4 DE	132	COPPENS	FWST	WIDDLE		000	20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOL
1 1 K	1_	Geor	genna	Р.	Mu		Dec. 15		2:30
	3, 58	×	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		DAYS HOURS
9 O		Female			09		86	YRS.	
A 90 6	7e. B	RIHPLACE (STATE OFFICE COUNTRY)		WHAT COUNTR	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH
deot	1	Maryland		S.A.	WIDOWE	DIVORCED [Talbot		
1 11 20	10.C	ITY OR TOWN OF DEAT		HOSPITAL, NUR		ROTHER INSTITUTION	120 USUAL OCCUPATI		IND OF BUSIN
0 2 4		Easton		rial Hos			Housewife		
hou hou	USU 13e.	AL RESIDENCE LE NUISANE	ME OR OTHER INSTITUTION	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	7 ZIP CODE	
Fill Fill	4	Maryland	Talbot	Easto	n	YES 🗶 NO 🗆	501 Dutchma	n's Lane	21
rthir nine	14. F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		1241
b da wood		Robert	J.		tchett	Georgia	nna	В	oyles
ecut icol	160	WAS DECEASED EVER IN		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	SS	
Pag Pag		no	(IF YES, GIVE WAR OR DATES)	218-20	-4391	William C Mu	llikin Rt 2	Box 49-4	5 Dento
Pe de la		18 CAUSE OF DEATH	(Enter only one couse pe	r line for (a), (b),	and (c).)				APPROXIMATE INTE
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			(Enter only one couse per S CAUSED BY:	0.	· a and	I throng	tosis.		Z-07-
A PA			MMEDIATE CAUSE (0)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 0-2	1	
on de de		Conditions if you		R AS A CONSE	QUENCE OF				
e at moven nation		Conditions, if any, gove rise to imme	diote						
Se re cree		underlying cause	lost DUE TO, O	OR AS A CONSE	DUENCE OF				
ed the		DART 2 OTHER SIGNII	(c)	ONITRIBUTING	O DEATH BUT	NOT RELATED TO THE TERM	INIAI DISEASE OR CON	DITION CIVEN IN D	A D1 1/-
sign hen hen to bu	Z		acture of	Pat.	0		Q 12-02		KI IIO
ny ir	CERTIFICATION	19g DATE OF OPERATIO			1	N WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE F	FINDINGS USE
n. no perm ne pr	문	12-02-8				Par prosthesis	YES TI NOTY	IN CERTIFYING CA	AUSES OF DEAT
N The	- 1	21g. ACCIDENT WAS UNDER	RLYING 716 TIME C	DE INJURY		21c. HOW INJURY OCCURE			
phys phys fifico l-troi ol Hy ol Hy		OR CONTRIBUTING CA	1.00.000	MONTH	DAY YEAR	Contaild	y and I	2.00	
HYSIC ding mis cer burio Meni	MEDICAL	(IF EITHER NOTIFY MEDICA		OF INJURY	19	211 LOCATION	9 212 1	Ta	OGot.
PH tend	WEI	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR TO	4414	411
ING Affect of Ith of It				till Ma		Dutchma 02 10 Re	ns hane, t	aston, 1	
ENDIN of or or use or Health		220 I certify that (1) h	this hospital) attended the	he deceosed tro	800	d that in (my) (our) apinion	, to	. 19_84	that (I)
ATT aspet aspet of for defer the form 2		obove, (I) (we) did	olive on 17-15 (did not) view the body	ofter death.			geom occurred on the do		
OR DIRI Dep Dep			A			DEGREE ATTENDING _	MEDICAL STAL		DATE SIGNED
PITAL by th ERAL e detc State		Rober	t W. Trev	ren, M	· D.		MEDICAL STAI	IAN	2-15-8
HOSPITAL med by the FUNERAL old be det on the State						22e ADDRESS		4	
TO HOSPITAL TO FUNERAL should be det with the State		Robert W.	Trever, M.D),		RD3 Box	297 Ea	ston, M	1d.216
F 5 - 2 2 2	23a.	BURIAL, CREMATION, RI				EMETERY OR CREMATORY	23d LOCATION	t'Ounts	
BP		Burial	12/17/	/86	Spring	Hill Cemetery	Easton	Tal	bot
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRES		25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE
(VRA 15, 4)		Newnam Fune	eral Home	Easton.		nd [EC 1 8 1986	Aulia Dari	don Pand

The Little Hard of the second

026878 DEC

STATE OF MARYLAND

REG. N	10.			
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
1	2	7	86	83
A AGE LIN YEARS LAST BE	RTHDAYL	IF UN	DERIVEAR	IE UNDER 2

15	FOR STATE REGISTRAR			DEP	ARTMENT OF H CERTIF	EALTH AND M			S NO	, 0	179,	á-cj	Q
DECEASED NAME FIRST			MIDDLE LAST			-	REG. NO. 2a DATE OF DEATH MONTH DAY YEAR 2b HOUR.						
(TYPE OR PRINT) JOHN			E	lgar	OR	itz			17	7 8	1	83	4
			RACE	iyar	5 DATE C	F BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I	YEAR IF	UNDER 2	3 HRS
Male			White		01		23	63	YRS		DAYS H	OURS	MIN.
a. BIRTHPLACE (STATE OR FOREIGN			LA CITIZEN OF WHAT COUNTRY? 8			44		9 BALTIMORE CITY OF COUNTY OF DEATH					
Pennsylvania			U.S.A. WIDOWED DIVORCED					TAlbot					MD.
CITY OR TOWN OF DEATH			1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION				12a USUAL OCCUPATION 12b KIND OF BUSINESS OR						
GASTON			(IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)					Supervisor Education					
			THER INSTITUTION	GIVE RESIDENCE	SEFORE ADMISSION)						ucat	, 1011	
Maryland Tal		Talb				YES X NO Myrtle & Ric							
	THER'S NAME	Tark	/O C	UXIOI	u	15. MOTHER'S			KICHA	Lusun	363		.100
John		М	Edgar	Oh:	tz, Jr.	Est	hon	MIDD	E		LAST		
6a W	AS DECEASED EVER	IN U.S. ARM			SECURITY NO.	17. INFORMAN		AD	DRESS		Be	36	
	ES, NO OR UNKNOWN)	1944-	WAR OR DATES)	185-14				~ D O Dov	202 5		MD (21.00	11
y	es cause of Brazil					Naticy	n UDIC	z P O Box	303 E		PROXIMAT WEEN ONS		
	PART I. DEATH W	AS CAUSED	BY:	line for IOI, (b	andio	VII. AM	tome	annest		BETV	VEEN ONS	ET AND D	EATH
	IMMEDIATE CAUSE (0)												
	Candistana it	DUE TO, OR AS A CONSEQUENCE OF											
	gove rise to imm	conditions, if ony, which pove rise to immediate											
	couse (0), statini underlying cause												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to												
Z	PART 2 OTHER SIGN	M	on bid	Alstit	LOT.		male		ONDITION G	IVEN IN PA	(1 110		
CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WI	ICH OPERATION			200 AUTOPSY?		ES, WERE FI			
표								YES NOT		TIFYING CAU YES 🗍		DEATH	1?
ER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME OI			21c. HOW INJ	URY OCCURE	RED (ENTER NATURE OF					
	OR CONTRIBUTING C		HOUR A.A	A. MONTH	DAY YEAR								
MEDICAL	21d INJURY OCCURR		21e. PLACE C	OF INJURY		211 LOCATION	٧						
W	WHILE NOT WH		(AT HOME, STR	EET, FACTORY OF	FICE FARM ETC)	STREET	.0	CITY	NWOI ROWN	COUNT	Y	STA	ATE
	22a.1 certify that (1)		ottended the	deceased fr	om /	7	19 // 0	16 10	17	10 06	tho	t (1) (we	e) last
	sow the deceased alive on 1713 1986, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did not) view the body after death.												
	22b. SIGNATURE	ia) (aia not)	view the body	after death.	2	DEGREE				22c E	DATE SIG	SNED	
N	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								12.	7. 8	36		
	22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	,		22e ADDRESS		1 005		1101	2		
	^	ND	(vou	sley			ZA	14 m /41	1	1601			
	URIAL, CREMATION,	REMOVAL	23b DATE	71	23c NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION	6.1	((0))		STA	
Ci	remation		12/10/	'86	Salish	ury Crei	matory	Salish		Wicom	nico		1D

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

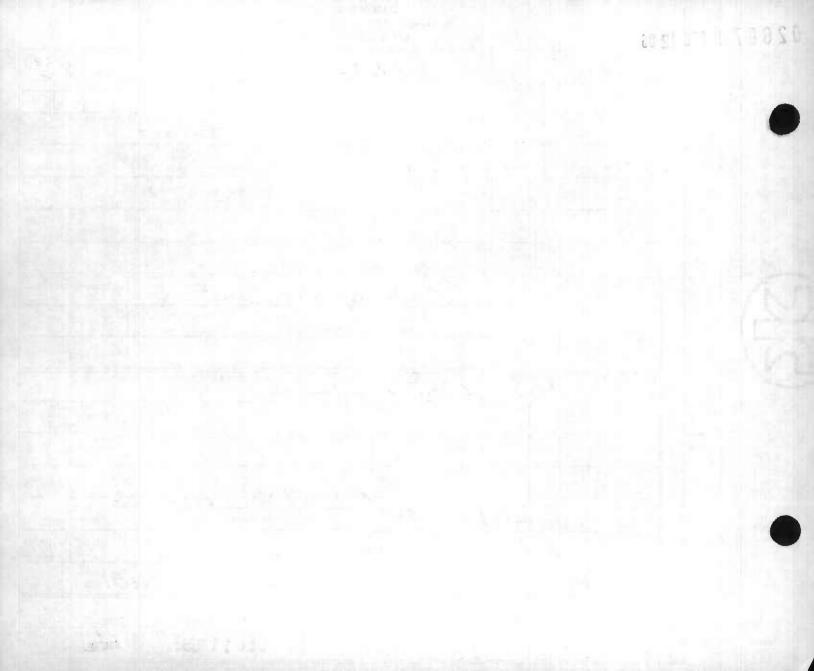
TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

Newnam Funeral Home

24 FUNERAL DIRECTOR

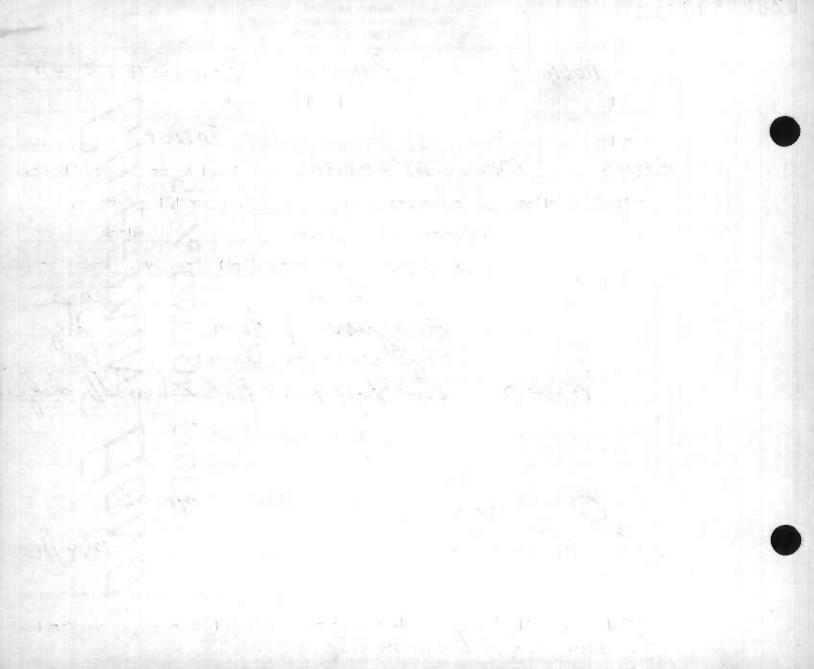
Easton, Maryland

250 DATE RECD. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



THE STATE OF THE S THE RESERVE THE PARTY OF THE PA EPS And Mark At Alexander Country and Marine to the second of the se

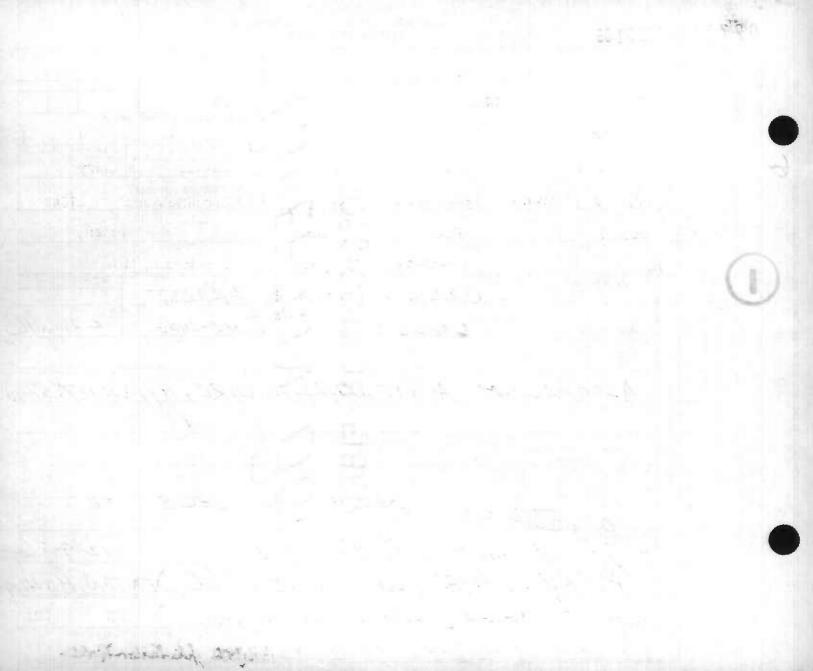
REGISTRAR DECEASED NAME (17PE OR PRINT) SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land CITY OR TOWN OF DEATH JUAL RESIDENCE (IF NURSING HOME OF 38 STATE	4. RACE Black 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING	S. DATE OF BIRTH MONTH 8 10 1905 MARRIED NEVER MARRIED WIDOWED DIMORCED	REG. NO 2a DATE OF DEATH MONTH December 6. AGE (IN YEARS LAST BIRTHDAY) 8 YRS	
Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mary land CITY OR TOWN OF DEATH FASTON JUAL RESIDENCE (IF NURSING NOME OF	4. RACE Black 76. CITIZEN OF WHAT COUNTRY? USA 11. NAME OF HOSPITAL, NURSING	5. DATE OF BIRTH MONTH 8 10 1905 MARRIED NEVER MARRIED WIDOWED DOWNCED	81 YRS	MONTHS DAYS HOURS
Mary Land CITY OR TOWN OF DEATH FASTON SUAL RESIDENCE (IF NURSING HOME OF	USA	WIDOWED DIVORCED	BALTIMORE CITY OR COUN	TY OF DEATH
EASTON PSUAL RESIDENCE (IF NURSING HOME O			12/06+	
30 STATE LIST COUL	Memori A	1 Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Steal Babor	126 KIND OF BUSINES INDUSTRY Pet Milk (
Maryland Vari	NTY 13c CITY OR TOWN	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	Park Av. 3
Guy	Patterson RMED FORCES? 166 SOCIAL SECUR	Dec Leona	WIDDIE	Black De
(YES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 213-01-7	Guy Patterso		e. Greensbor
	DUE TO, OR AS A CONSEQUENT OF THE CONTRIBUTING OF THE CONTRIBUTING OF THE CONTRIBUTING OF THE CONTRIBUTIONS OF THE	La cular EATH BUT DOT RELATED TO THE TERM To be Revol	tailure tu	ated by die
190 DATE OF OPERATION		0	YES NO NO NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES NO
OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 214 IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCATION	CITY OR TOWN	COUNIY STA
22a.1 certify that III (this hosp saw the decreased alive above That se I did Paul St. 27a. SRC MATCHS.	New the body ofter death. 19 &	DEGREE		our and from the causes state 22c. DATE SIGNED
MEDICAL CERTIFICATION	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH IEnter o PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (ol, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WMILE OF OPERATION 110 ACCIDENT WAS UNDERLYING UNDERLYING CAUSE OF DE (IF EITHER NOTHEY MEDICAL EXAMINE 21d INJURY OCCURRED WMILE OF OPERATION 111 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 211 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 212 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 213 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 214 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 215 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 216 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 217 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 218 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 219 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 210 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 211 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 212 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 213 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 214 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 215 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 216 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 217 ACCIDENT WAS UNDERLYING UNDERLYING CONTRIBUTION 218 ACCIDENT WAS UNDERLY	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 2	WAS DECEASED EVER IN U.S. ARMED FORCES? (VES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 10.1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (b), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUT	WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2 13-01-7079 (Guy Patterson (Bro)) PART I. DEATH (Enter only one couse per line for 10), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED YOTHE TERMINAL DISTASE OF CONDITION GOVERNORM (B) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F



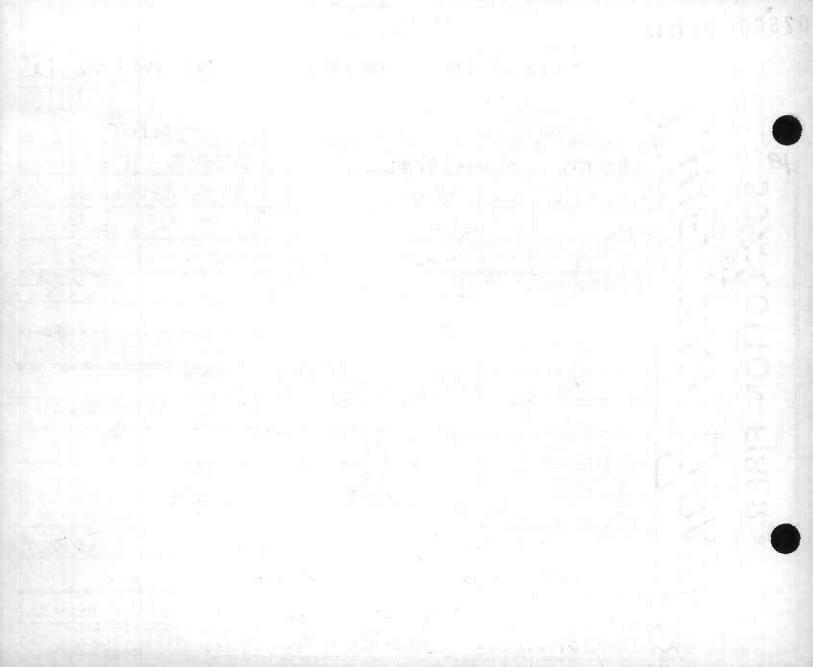


0277	65	10	FOR STATES AND S CREGISTRANDS			DEP		NT OF H	OF MARYL EALTH AND CATE OF	MENTAL HY	GIENE	6 0 REG. 1	3	0 -	in f
11000			CEASED NAME F	IRST	A	AIDOLE		U	ST		2a. D	ATE OF DEATH	MONTH	DAY YEAR	26. HOUR
noy be poge 3		liver		phen		J.		K	4CZ				12	8 86	650m
ě d j		3. SEX			ACE			S. DATE O			6. AC	SE (IN YEARS LAST B	IRTHDAY)	IF UNDER TYEAR	
ge 4		N	lale		Whit	e	- 91	5	25	1 3 AR		73	YRS.	MONTHS DAYS	HOURS MIN.
Poor Poor	1/1	7a. 81	OUNTRY)	EIGH 7b (CITIZEN OF	WHAT COUN	NTRY? 8	AA A DDIE	X NEVER	MARRIED -	9 BA	ALTIMORE CITY		Y OF DEATH	
nero na 72		P	ennsylvania	a	/ US	A	,	WIDOWE		MORCED [Talb.	st (-aunt	A MD.
with with	2	16 CT	Y OR TOWN OF DEATH	Dr.		HOSPITAL, N			ROTHER INS	MOLTUTION		USUAL OCCUPA		126 KIND	OF BUSINESS OR
77 5	601	100	Easton	1	Ea	StoN		emoi	2101		11111	lab ted	2 .	dair	
1 51	27	130. S	L RESIDENCE (IF NURS	E OR OTHE OUNTY	ER INSTITUTION	GIVE RESIDENCE			13d INSIDE	CITY LIMITS?	1120 5	TREET ADDRESS	/ 710 COD		
2 重量	25	N	laryland	Caroli	ine	Hend			YES X	NO [9 Carolin			21640
1 12	1	II ξΑ	THER'S NAME	MIDO	N.E	LAS	C.T		15. MOTHER	'S MAIDEN N		MIDDLE			
2 17/	(C)	1	Joseph	Mibo	,,,	Rac				Susan		MIDDLE		Patak	y
1 0-0	0		AS DECEASED EVER IN	U.S. ARMED		16b. SOCIAL		TY NO.	17. INFORM	ANT	3.1	ADDI	RESS		
(X	1	-	ES, NO OR UNKNOWN) (IF TES, GIVE WA	IN OR GATES)	196-0	09-5	423	Mary	Racz		Hende	rson,	MD	
he death controlling the ottending controlling control	e offending variation move cancer of notion, exemple froumpt event		PART I. DEATH WAS Conditions, if ony, we gave rise to immed couse (o), stofing	MEDIATE C.	AUSE (o) DUE TO, OF	CAR RASACONI LAI	SEQUEN RG E	CE OF	MET	ONAR	TINO	ARRE	5T ING-		2 month
requires the signed to Then pled or to buriol	ors ony injury, or other	CERTIFICATION		ICANT CON	(c)_ IDITIONS CO	ONTRIBUTING	G TO DE	ATH BUT	RENI	4L FA	7/2	DISEASE OR COL	208. IF YE IN CERTI	DENTO	EN S/ON
IAN: The physicio trificote bi- tronsit	200	CER	210 ACCIDENT WAS UNDERL		216. TIME O	FINJURY M. MONTH	H DAV	VEAD	21c HOW I	NJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18	PART (OR PART 2)	0 1
PHYSIC fending this cer he burio	orked or Hem	MEDICAL	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	EXAMINER)	P./ 21e. PLACE (M.		19	211 LOCAT STREE			CITY OR I	OWN	COUNTY	STATE
0	If them 21 is mark		22e.1 certify that (1) (the sow the deceased obove (1)(we) (did 22b. SIGN		- A -		63	PE CON	d that in (my	ATTENDING	Le	occurred on the o	AFF	ond from the	that (I) (we) lost ecouses stated ESIGNED -9-86
TO HOSPITAL retained by it TO FUNERAL should be det	MPOKIAN		22d PHY IM & NAM	Sy (CAR	1 PAG	Na	10	ADDRE	,0,E	Box	660	DEI	NOW	HS26
		23a B	URIAL, CREMATION, RE		3b. DATE					CREMATORY		d LOCATION CITY OR TOWN		COLINIA	945
BP			Cremation		12-15-	86	Ced	aar H	IIII Cr	emator		Suitland		PG	MD
" DHMH - 16 60M	7/84	24 FU	INERAL DIRECTOR	1 .	Funera	AOD	DRESS		shoro			D. BY REGISTRA	R 25b. REGIST		TURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

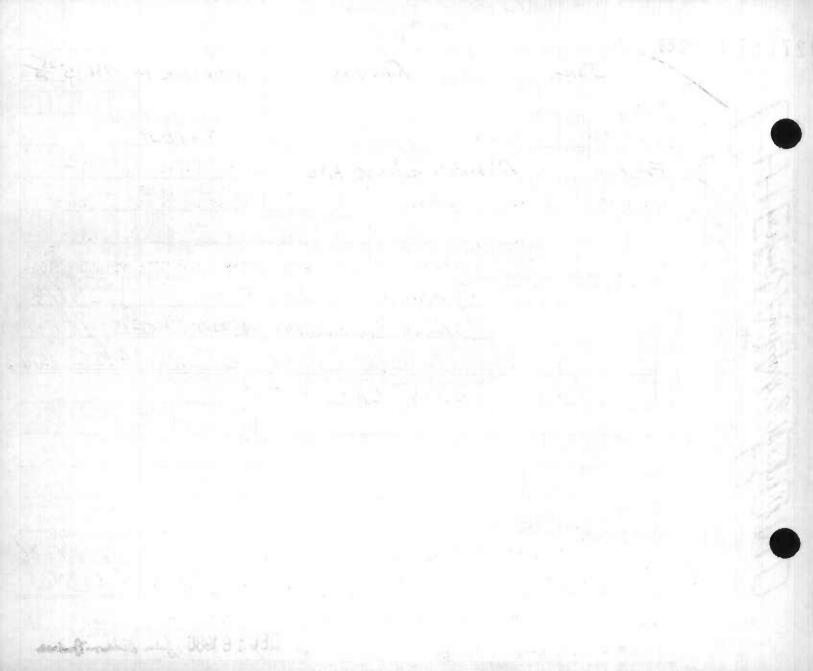


26	609	DEC	0 6	FOR STATE VEGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 6 4 4 8
	oy be loose 3 death			EASED NAME ERS	-izAb	eth	R 5. DATE C	edden se RIDTH	20. DATE OF DEATH MONTH December 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR 39
	4 44			emale	Cauca	sian	Dec.	DAY - O YEAR	8.2	MONTHS DAYS HOURS MIN.
	Page direct	1/1		THPLACE E OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY OR COUN	
	the sta	41	W	ashington I	DC U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	TAL	bot MD.
=10	ts offer de	1/8	1	EASTON	(IF, NOT IN SU	2 MORI	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN) HOUSEWIFE	12b. KIND OF BUSINESS OR
AND 212	r 24 hour	33	13a. S M	aryland VC	me or other institution county aroline	13c. CITY OR TOW Dente	N	120		Second St.21629
ARYL	4 22	15	1	THER'S NAME	MIDDLE	Duffey		15. MOTHER'S MAIDEN NA	MIDDLE	Seymour
E, M	1	2		Roger /AS DECEASED EVER IN U.		Tib SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS	Deymout
MOR	1 (強	12		ES. NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	2193655	587	Roger D. F	Redden, Balti	more, MD
IALTI	1	10		18 CAUSE OF DEATH (Ent	er anly ane cause pe	r line for (a), (b), an	d ich	0 110	`	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., E	a phy	- Cuana		PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (a)	Card	ac l	arrhythm	en	3 mas
W. PRESTON ST	anding confi	notic	2	881	DUE TO, C	OR AS A CONSEQUE	NCE OF			
REST	e dec	Hono	-	Canditians, if any, which gave rise to immedia	te l	1401	YD			12/3
3	5 63	other		cause (a), stating the underlying cause las		OR AS A CONSEQUE	NCE OF			
5, 201	paud u	ry, at	,	FART 2 OTHER SIGNIFIC		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 11a
RECORDS	1 11	9 1	TIO	11a DATE OF OPERATION	TION CONIT	VECENT	PERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
REC	d d d d	9 9	IFICATI	DATE OF OPERATION	174. COIVE	MICIATOR WITHOUT	J'EKATIO	WAS FERT ORMED		RTIFYING CAUSES OF DEATH?
/ITAI	A state	8 200	CERT	21a. ACCIDENT WAS UNDERLYIN		OF INJURY	AV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
OF	34 45	M	CAL	OR CONTRIBUTING CAUSE	OFDEATH	m. month di P.m.	19			
DIVISION OF VIT	PHYS Physical Physica	100	(GEV)	21d INJURY OCCURRED	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI	PAG on the	out 9	-	AT WORK			19	2-7	12/1/21	
	CAN SO	1 00		22a. I certify that (I) (this saw the deceased ali	400 111 UT	100 19		nd that in (my) (aur) apinian	death accurred an the date and	haur and fram the causes stated
0	A ATT hosp RECT and to	5 F 7/		abave, (1) (we) (did) (d 22b. SIGNATURE	id nat) view the bad	after death.		DEGREE		22c. DATE SIGNED
	AL DI POCH	T. W.		W	wood	oval)		MID ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/1/8
	named by D FUNER rould be d	PORTAN		22d. PHYSICIAN'S NAME	NA LL 1	Good		22e ADDRESS	on, Md	21601
	N. D. C.	1 2		SPECIFY)				EMETERY OR CREMATORY	23d. LÓCATION	ssex DElaware
	BP		77) 51	Crematio	n 12/2	1,90 he	Imar	va Cremator		SSEX DElaware
	DHMH - 16 60 (VRA 15,		1	NAME lo /Dle 1	Moor	2 (ADDREY)	EW 1	OH HODEC	0.5 1986	~ 1. W 1.
	(*No 13,	-1	1	in your	- 10010				- O TOO SHOW ?) corderna - Kandadas



a sufferential Age. 5

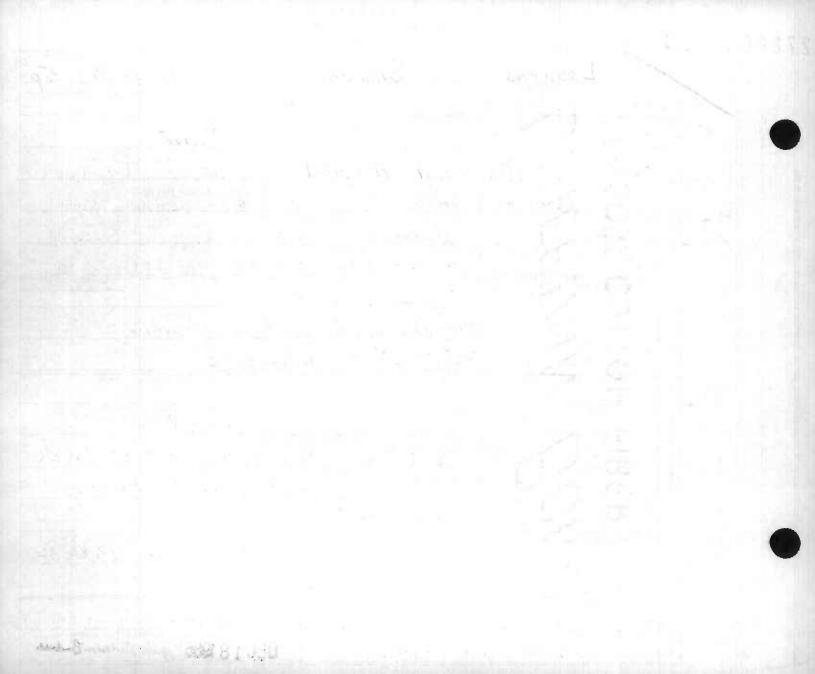
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH CLASED NAME 2b. HOUR SHE OF PRINT! JANE 1986 Cooke 4 RACE 3. SEX A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF LINDER 21 HRS MONTH YEAR White 05 00 Female 07 86 BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New Jersey U.S.A. WIDOWED [DIVORCED F ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR College Alumni Director 30. STATE 13b. COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 0xford Talbot Pleasant Street 21654 Maryland YES X NO I 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE FIR51 Stitt Charles Runvon Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 020-26-0806 Dorothy M. Bell P O Box 87 Oxford MD 21654 no 18 CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a VITAL RECORDS, 201 W. PRESTON ST Canditions, if ony, which gave rise to immediate cause (a), stating underlying cause DEATH BULNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from _. that (1) (we) last saw the deceased plive on, and that in (my) (our) apinian death occurred an the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN I DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL CREMATION, REMOVAL (SPECIFY) 12/16/86 Salisbury Crematory Salisbury Cremation Wicomico 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Easton Maryland Newnam Funeral Home (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINTA OF ESTI DEATH MATED prothu 4 RACE IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) DAY PRONOUNCED Female Negro Aug. 10, 1920 DEAD 66 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TO FOREIGN COUNTRY) Hurlock, Md. U.S.A. WIDOWED 3 DIVORCED IF CITY OR TOWN OF DEATH IN AME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Housewife emoria Own Home 130 STATE 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Caroline Federalsburg 402 Federalsburg YES X NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wilber Butler Clara Cephas ADDRESS Md . WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO 21643 TYES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) No Box 611, Hurloc Hopkins. CAUSE OF DEATH (Enter only one cause per l BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE T Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NER: THIS CERTIFICATE SHICATE SHICATE, WRITING THE WORK
FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE UTHE STATE DEPARTMENT. OF AND, 21201 PRIOR TO BUR 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 220 I certify that I took have the remains described obove, held an Autopsy death resulted fram Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 234. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Dec. 13, 1986 Federal Buria] Federalsburg, Caroline. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Y=DERALSBURG (VR A15 ME (5))

02711 The state of the s 4711 11 11 11 11 11 11

STATE OF MARYLAND



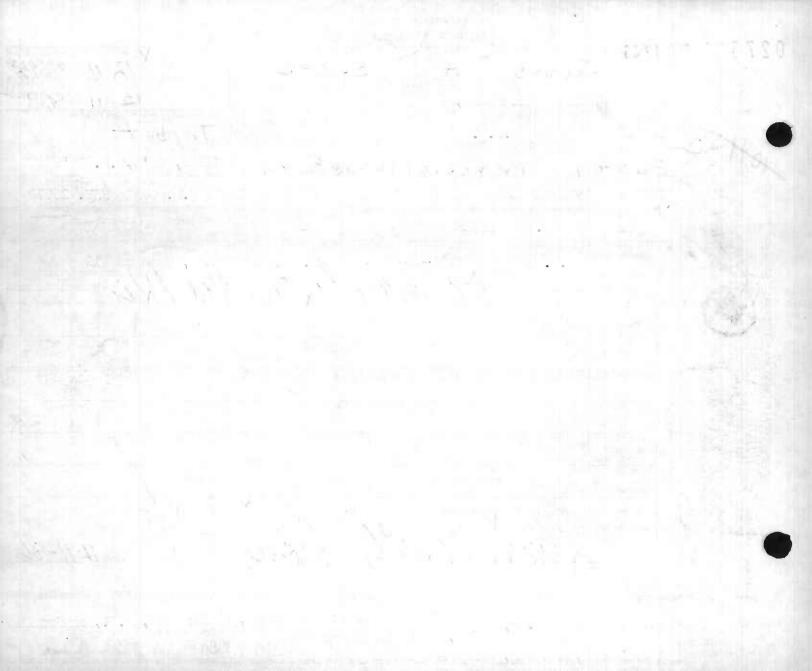
	1.	FOR STATE		DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL	HYGIENE & &	3 6	, i v
28156 DEC 2		REGISTRAR			CERTIFICATE OF DEATH	REG.	NO.	
20100 000		CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR 30_
1 100		OR PRINT) MARJ	ORIF	V.	Smith.		ber 20 1986	0 12 AM
g det mo	3. SE	Female	Co/o	red	J. DATE OF BIRTH NOU, 5 190	6. AGE (IN YEARS LAST	BIRTHDAY) IF UNDER 1 YEAR MONTHS DAY	
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNT		9 BALTIMORE CITY	OR COUNTY OF DEATH	
1 16 22	17	albot Co. Md	. 4.	S.A.	WIDOWED DIVORCED	1 (1	bot	MD.
1 1 1/8	7	AS ton	11. NAME OF	HOSPITAL, NUE WEACHITY, GIVE ST PEMORE		12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	OF WORKING LIFE) INDUSTR	D OF BUSINESS OR
2 53 201	esu Da.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION					01115
N 1 10 R		Md. CAK	poline	Ridge	YES NO	Rt.#1	Box 20	2/660
1 15 16	19"	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	~ 1	HAST
1 1/4/	/	William	A.	Sn	11th Lula		Joh.	SON
and of the		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	16b. SOCIAL S	ECURITY NO. 17 INFORMANT	an al	DRESS CONTRACTOR	Ridgely
4 67	F	No		13-1	1-1656 JORIS 2.	Mosley, P.	O. Det 278	md.
hysic pepp pepp pepp peppl pengl	13	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per SED BY:	r line for 101, (b)			BETWEE	OXIMATE INTERVALE
1		IMMED	IATE CAUSE (o)		sepsu 1		- /	5 Wics
death of alternation of the comments		Contract II and	DUE TO, O	R AS CONSE	OVENCE OF BOOKER	al Endon	nothing	3wks
4 4		Conditions, if any, which gave rise to immediate	(b)_	7		as chosec	MAUPE	Jurs
1 11 11		underlying cause fast	DUE TO, O	R AS A CONSE	QUENCE OF			
	12	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OF CO	NOITION GIVEN IN PART	No
and the second	No.	// -	anic V	Siam	Syndiane	Asev	1)	7.0
1 11657	CERTIFICATION	THE DATE OF OPERATION	196. COND	ITION FOR WH	ICH OPERATION WAS PERFORMED	28e AUTOPSY?	206. IF YES, WERE FIND	DINGS USED
26 28 1	1	0 10 1				YES NO	IN CERTIFYING CAUS	NO [
2 1 0 0 f 8 /	8	21s. ACCEPTAT WAS UNDERLYING	The second of	OF INJURY	DAY YEAR 216 HOW INJURY OF	COURRED (ENTER NATURE OF IN	JURY IN ITEM TS PART I OR PART 2	2)
W 10117	13	OR CONTRIBUTING CAUSE OF	DEPOSIT	.M.	19			
19 14 3/	MEDIC	114 MJURY OCCURRED		OF INJURY	211 LOCATION STREET	CITY OR	TOWN COUNTY	STATE
91 1111	1	at work not what			100		6. 00	
N T W T T T T T T T T T T T T T T T T T		270.1 certify that (I) (this ho	ipital attended th	ne ecegsed fro	11.	0 10 12	120 180	that () (we) last
E 8 6 8 8 8		above, (II (we) triid did	on 7	ofter deoth.	ond that (n (my) mur) op	inion death occurred on the	date and hour and from the	he couses stated
A HOUSE		77% SIGNATURE	1	(III)	DEGREE		22c DA	TE SIGN D
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OUV	wen	E ELIZA		MEDICAL ST	SICIAN []	2000
OFTA STATE		224 CHYSICIANS HAMP THE		1	27e ADDRESS	// 40	1	,
A 02 02 4		Keiver	EJ Eg	r/esed	CC, M.J. EA	ston, m	\mathscr{L} .	
E E P P P BT	234.	URIAL CHEMATION BEMOY	AL IST DATE	1 -1 2	30 NAME OF CEMETERY OR CREMAT	ORY 234 LOCATION	COUNTY	STATE
BP	-	DURIAL	12-2	4-86	Co Kers Cemen	ery Gneens	bopo CAROlin	ne Hd.
DHMH - 16 60M 7/HA	24.7	INERAL DIRECTOR	e 1-4.	NERAL	Home, P.A. 15	DATE REC'D BY RECISTRA	AR 255 REGISTRAR'S SIGN.	ATURE
(VRA 15, 4)	1	6		e	EIKTON md	000 CP	Gulia Bindion	- Kasideaa

بق موضي في المنظم ا Part of the second seco The late of the la

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGISTRAR REG. NO DECEASED NAME W DATE ENOWN PAULINE HARPER SNOWDEN DEATH MATED 10 86 DATE OF BRITH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BRITHDIST) RONDUNCED 01 10 86 Female. White 84 YES DEAD 1. BALTIMORE CITY OR COUNTY OF DEATH a BIRTHPLACE IMATE OF Th CITIZEN OF WHAT COUNTRY! MARRIED XNEVER MARRIED Talbot Maryland U.S.A. WIDOWED DIVIORCED 2s. USUAL OCCUPATION (THE OF WORK 135 KIND OF BUSINESS 5. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Royal Oak Housewife Acorn Lane 134 INSIDE CITY LIMITY? 134 STREET ADDRESS De STATE US COUNTY Talbot Maryland Royal Oak NO Acorn YES LX IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME HIDDLE Florence Harper Newnam Frederic ADDRESS Oak MD ITES NO OF UNKNOWN! I FIFTES ONE WAR ON DATES Joseph N Valliant Jr P O Box 322 Royal 220-32-0314 no 18. CAUSE OF DEATH (Enter only one couve per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OF Conditions, if any, which gave rise to immediate couse (a) stating the under lying coour last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T I I CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? ARDED TO THE WORD "RE ARDED TO THE CHIEF A GGE 3 SHOULD BE USED. ATE DEPARTMENT OF HE 201 PRIOR TO BURNAL, 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY TATHOME 21f LOCATION 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFFE DEATH, WITH THE STATE OF BALTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE 27a I certify that I to remains described obove, held on Autopsy Inspection death resulted to EXAMINER'S NAME R. Lane Wroth, M.D. St. Michaels, Maryland (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY Talbot Mh Burial 12/4/86 Spring Hill Cemetery Easton BP. 25% REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR Julia Deader & adash **DHMH - 17** 1986 Easton, Maryland (VR A15 ME (5)) Newnam Funeral Home 20M 4/82 Aution Daniegeron 4000 BEAA



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN OF ESTI-3 SEX 6. AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCED MALE WHITTE December 3,20 66 DEAD BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED U.S.A. MARYLAND 18 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS MACHINIST, RET'D, U.S. GOV"T 13d INSIDE CITY LIMITS? X 13e 10210 DES.E. CRAIN HWY. 20772 M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRSEPPA MULLIKIN SPICER FMMA H. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS W.W. II OR UNKNOWN) YES -22 - 4746Mrs? Carrie Spicer, same as #13 18 CAUSE OF DEATH (Enter only one cause per APPROXIMATE INTERVAL BETWEEN CHIEF AND DEATH PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO: OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate 201 W. cause (a) stating the under-DUE TO: OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION RWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BEURIAL, C 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME TH LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 ne described above, held on 22a I certify that I took thu Autopsy and in my opinion Metermined monner death resulted fram SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Maryland Veterans Cemetery, Cheltenham, BURTAT BP 07/B4 25M 24 FUNERAL HOME, 6633 Old Alexander 250 DATE **DHMH - 17** (VR A15 ME (5)) FERRY ROAD, CLINTON, MARYLAND 20735





029269

FOR

DECEASED NAME

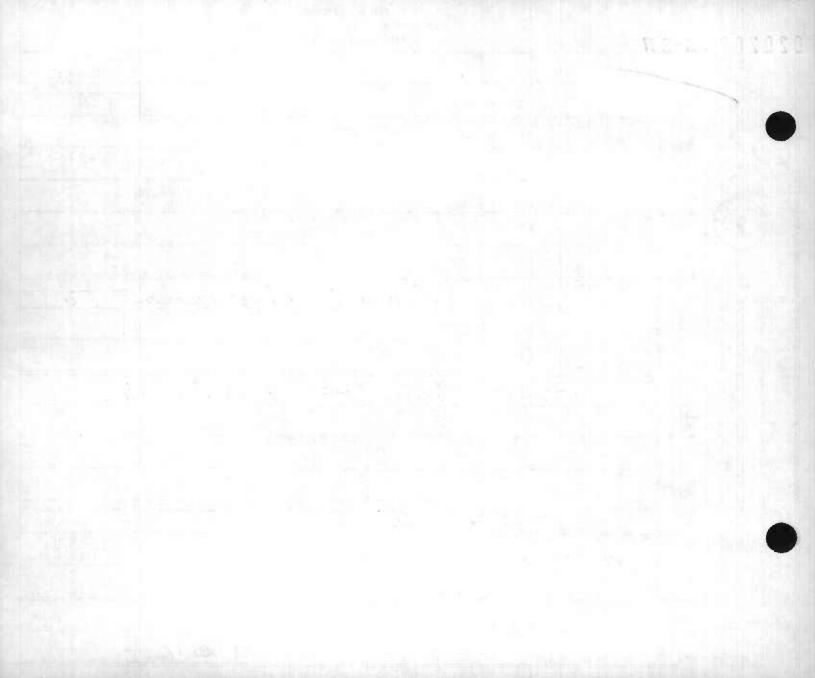
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

26 HOUR

o Pe	TVAF	OB DBIAIT)	Paul		Н.	Th	om			12	28	86	4:25p M
иох	1. SE	(4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE		IF UNDER 24 HRS
8 FE P		male		Cauca	sian	MONTH		YEAR	84	YR:		DAYS	HOURS MIN.
2 11 0		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	NEVER MARI	_	BALTIMORE CIT	Y OR COUN	ITY OF DE	ATH	
ED		ryland		United	States	WIDOWE			Talbot		11333		MD.
197		TY OR TOWN OF DEA Easton	TH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)		ION	12a USUAL OCCUP (TYPE OF WORK FOR MO			KIND OI USTRY	F BUSINESS OR
	TISTL	AL RESIDENCE (IF NURSI	NG HOME OR		an Nursin		ter						
133	13a S		13b COUN	ITY	13c CITY OR TOW Easton		13d INSIDE CITY L YES 🗽 NO		705 Sout			21	601
月 200 月	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAM	NE MIDDU			LAST	
1 TORDO		Herman			Thom		Lou:	ise			S	erric	
91 9.7		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		AD	DRESS	1100		
* 00 1	no		(# 163.014)	E WAR ON DATES	217-03-2	2203	Pauline	Morg	an 705 So	uth S	t Eas	ton	MD
sici sici per rol.		18 CAUSE OF DEATH	H (Enter an	y ane cause per	line for (an)(b), ga	dici/	10.	1		- 17	< B	APPROXIA	MATE INTERVAL
phy phy phy phy phy phy phy phy phy phy		PART I. DEATH W		D BY: E CAUSE (o)	Bul	oters	1 00	xch	Rueu	nem	~	5	d
ding or re or re					R AS A CONSEQUE	NCE OF		3-1	U				
deat		Conditions, if any,		((b)_									
the cremo		gave rise to imm couse (a), stating		DUE TO O	R AS A CONSEQUE	NCE OF				100		ME	
by by sose oil, cr		underlying cause	tast	(ic)_									0 1/10
igned igned buric ury, o	z	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR G	ONDITION	GIVEN IN I	PART 110	THE PARTY
req fr. Th ior fo	TIO	19a DATE OF OPERAT	100	110 60010	TION FOR WHICH	MI	CIVI-	1)	200 AUTOPSY?	1201 15	YES, WERE	> EINIDIN	CE HEED
he tow	CERTIFICATION	ING DATE OF OPERAT	ION	198 COND		OPERATION	N WAS PERFORINE		YES NO	IN CER	YES [AUSES	OF DEATH?
T. N. T.	CER	210. ACCIDENT WAS UND	bone	216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJUR	Y OCCURRE	ED (ENTER NATURE OF	NJURY IN ITEM	18 PART I OR	PART 2)	
ICIA 9 pl 9 pl errif nol-t	CAL	OR CONTRIBUTING C		111		19							
PHYS and this company of the burner of the b	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARM, ETC)	211 LOCATION	8-5	CITY O	RIOWN	CO	YINU	STATE
AG of the street	-	AT WORK AT WOR	ILE										
NDIII NSE A Leolis		22a.l certify that (1)			7 /	Jan.		7.7		mber			hat (1) (we) last
Sprite CTO CTO I for of h	8	saw the decease above, (I) (we) (d	d alive on, lid) (did na	I view the bady	after death	<u>0</u> _0_, or	d that in (my) (aur) apinion d	eath occurred on the	e date and l	nour and fr	am the a	auses stated
OR JORE DIRE		22b. SIGNATURE	1	1			DEGREE	NIDINIC	MEDICAL	YAFF	22	12/2	9786
Y the	10	No	DV	000				SICIAN A	MEDICAL S	SICIAN			
HOSPITAL ned by the FUNERAL old be det of the State	14	22d. PHYSICIAN'S NA					22e ADDRESS						
o Hospita eteined by TO Funera should be de with the Stal		William H	1. Woo	od, Jr.,	M.D.		Dutchman	's La	ne Easton	, Mar	yland	216	501
5 5 5 5 5	. (SPECIFY)	REMOVAL	23h DATE			EMETERY OR CREA		23d. LOCATION	4	COUN	TY	STATE
BP	Bu	irial		12/31/	86 Sp	ring b	lill Ceme		Easton		Talb		MD
DHMH - 16 60M 7/B4		JNERAL DIRECTOR			ADDRESS				REC'D. BY REGISTR			IGNATI	JRE .
(VRA 15, 4)	Ne	wnam Funer	al Ho	ome Ea	ston Mar	yland		The beautiful	3 1 1986	Julia	· Danie	bon-	andres.
								-					



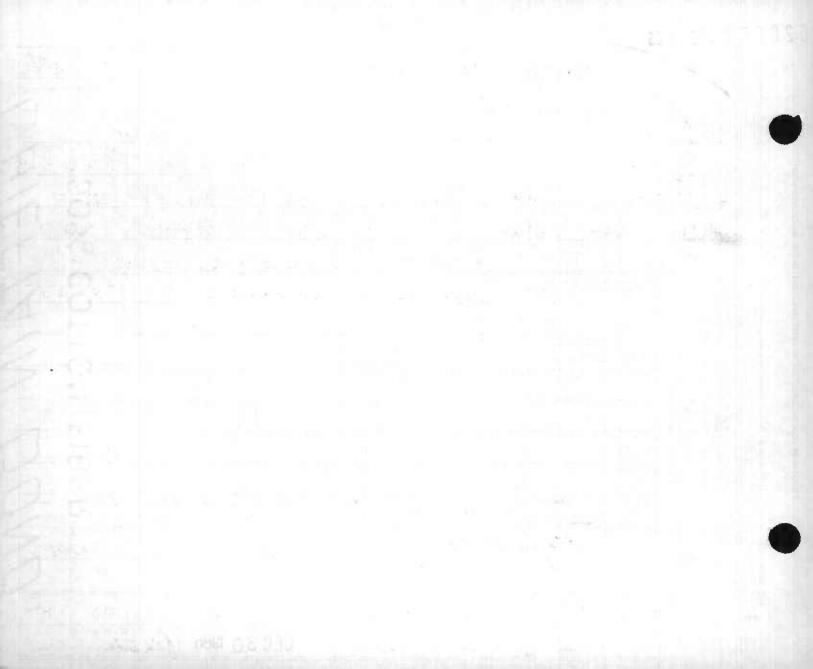
177	00	0 000		40D		252427		E OF MARYLAND		3 0	3 4	
41	00	9 DEC	3	TATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH		0		
			L-ÔE	CEASED NAME FIRST		MIDDLE		AST	REG. NO. 20. DATE OF DEATH MO	NIH DAY YEA	AR 2b. HOUR	
	•	m = //		OR PRINT)	٨				_		7 38	
	d yc	poge 3		Mildred	710	NNA		odd .	6 AGE (IN YEARS LAST BIRTHDA	8 86	AM	
	ge 4 m	ector. p	3 SE	female	4. RACE Whi	te	Feb		84 YRS			
	Po .	000		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	BALTIMORE CITY OR	OUNTY OF DEAT	н	
V	eot		1	Md.	U.	S.A.	WIDOWI		Tallox	5	MD.	
	ě.	1 3/2	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ORKING (IFE) INDUS	ND OF BUSINESS OR	
5	So	Filed M	E	aston	100	moria	1 1+	ospital	homemake:		181	
ND 2120	24 hour	ald be f	USU. 13a. S	AL RESIDENCE (IF NURSING HOME STATE 186 CO	OR OTHER INSTITUTION		/N	138. INSIDE CITY LIMITS?	13 e.STREET ADDRESS / Z	P CODE	21672	
15	Pio	3 18	14. FA	THER'S NAME		1 - 5 - 5 - 5 - 5		15 MOTHER'S MAIDEN NA	ME			
8	3 .	nd 2	V	Severn	MIDDLE	Mason		Elizabe	+h	Rol	binson	
80/	to the	5 7 8	16n V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	-	JRITY NO	17. INFORMANT	Box ^{ADDRH} S		71113011	
W	oe exe	Pages medic			GIVE WAR OR DATES)	2121632		Earl E. To		Lle Md.		
SALT	ote L	person		18 CAUSE OF DEATH (Enter	only one cause pe	er line for (a), (b)	id ici.		1.14		PROXIMATE INTERVAL VEEN ONSET AND DEATH	
H	Tific	phy		PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (0)	K	e frac	con Louges 11	NE HEADS INCH	wit		
N	9	or re			_	OR AS A CONSEQU	ENCE OF	1) (la.	
STC	deot	ove con.		Conditions, if any, which	(b)	A CONSECU	.,,,,,,	PIDPATMIC LA	RSIDAY: PATTU	7	1 R- 5,	
8	a P	email er tro		gave rise to immediate couse (a), stating the	DUETO	OR AS A CONSEQU	ENCE OF					
3	hot	by dose		underlying couse last	(6)	7K A3 A CON 3200	LINCE OF					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM	uires †	signed hen ple to burio ijury, or	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ON GIVEN IN PAR	II lia	
ORC	> red	o t o t	CERTIFICATION	190 DATE OF OPERATION	19h CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 24	BL IF YES, WERE FIN	NDINGS USED	
REG	o .	S P P P	F						YES NOW	YES	JSES OF DEATH?	
ITAI	Sicro	Hygie 8 sh	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN			
7 \	Phy	ntol transintol Hyg		OR CONTRIBUTING CAUSE OF	DEATH		AY YEAR					
N	YSIC	Men de He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)		OF INJURY	19	211. LOCATION				
1510	He o	£ . 30	¥.	WHILE IT NOT WHILE IT		TREET, FACTORY, OFFICE, I	FARM, ETC	STREET	CITY OR TOWN	COUNTY	Y STATE	
à	ON TO	After the as the olth one morked		22a.1 certify that (1) (bis ho	raital) attached t	ha decound from		1/12 10 86	12/	8 10 86	de Cas Cas Stant	
	TEN!	He Co		sow the deceased alive above, (1) (we) (did/(did	1 0	7 1/2		nd that in (my) our) opinion	death accurred on the date	, , , ,		
	AT	ed for		obove, (1) (we) (did/(did	not) view the bad	y ofter death.		DEGREE	-		DATE SIGNED	
V		Dorber Dept F hen			WW S	we down	~	AAA ATTENDING	MEDICAL STAFF	_ 1	2/8/86	
	by t	Stote de		224 PHYSICIAN'S NAME ITY	PE OR PRINT!	we grav		PHYSICIAN 1	DIRECTOR PHYSICIAN	4 .	-/ 0/	
		should be det with the State IMPORTANT:		SLOT 1		OMAN			DUGL CT 61	ISVON M.	7/601	
	Te	- v 3 S		BURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION	1 - EOUNIM	16 BAD	
	BP_		_	burial	12/1	T/86 F	.New	Market Cem	E"NEW Ma	arket Do	or. Md.	
	DHMH -	16 60M 7/84		JNERAL DIRECTOR	, .	ADDRESS	1		E REC'D. BY REGISTRAR 256	REGISTRAR'S SIG	NATURE	
		A 15, 4)	T	HOMAS FUNERA	IT HOME	CAMBRIL	GE_M	D.21613	DEC 1 2 1986	Aulia Scor	dim Pendage	

Easton, Maryland

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND



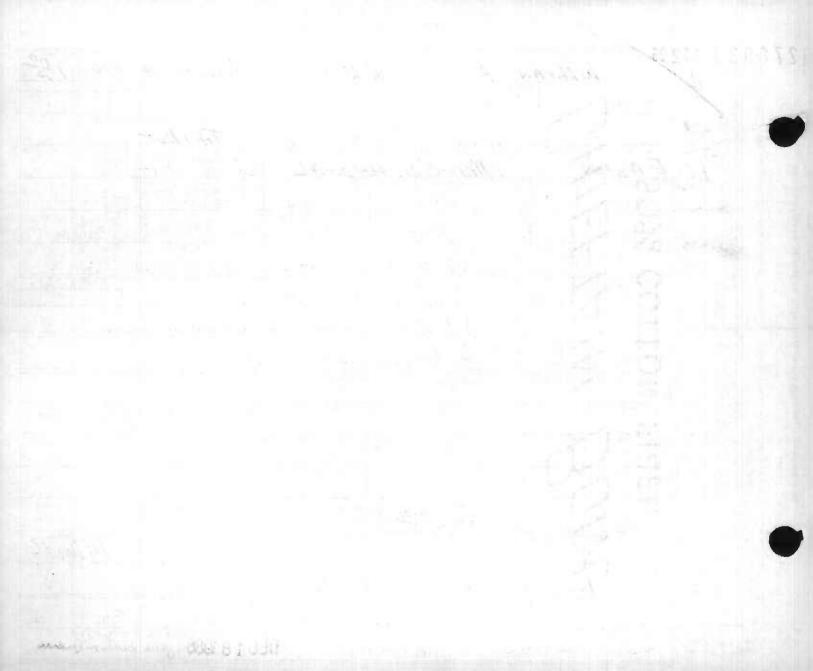
Easton Maryland

Newnam Funeral Home

(VRA 15. 4)

Gulia Devidson- Randons

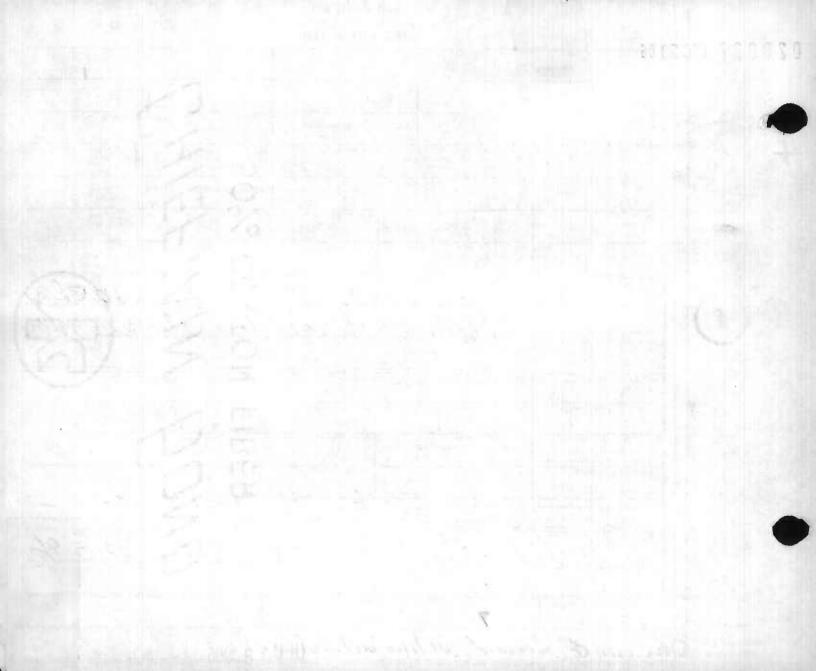
STATE OF MARYLAND



STATE OF MARYLAND

0	0

1	- STATE REGISTRAR			CERT	IFICATE OF DEATH		REG. NO.		
	DECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DI	EATH MONTH	DAY YEAR	26 HOUR
1	THE CHANNEL	BETTY	MILLER	SHAW WI	LSON	DEC. 1	3. 1986	17.19	2:35P.
3.	SEX	4,	RACE	5. DATE	OF BIRTH	6 AGE INYEAR	S LAST BIRTHDAY)	MONTHS DAT	
	FEVALE	3	CAUC.		LY 27, 1908	78	YRS.		
70	BIRTHPLACE (STATE	OR FOREIGN 7b	CITIZEN OF WHAT C	OUNTRY? 8	IED XXNEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	3011-
1	PENNA.		U.S.A.	WIDOV		TALBO	T		м
10	CITY OR TOWN OF	DEATH 11	. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING L		OF BUSINESS O
L	EASTON	1123	MERIDAN	- THE PI		HOUSE		HOM	
	UAL RESIDENCE (IF)	NURSING HOME OR OTH	HER INSTITUTION GIVE RESID	DENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP COD	DE	
	MARYLAND	TALE	BOT BO	ZWAN	YES NO	COOPER	R PT. RD.	216	12
14	FATHER'S NAME		DUE	LAST	15. MOTHER'S MAIDEN NA		MIDDLE		LAST
		RUSSELL	GREENLEA	F SHAW	EDNA	MILLER			
160	WAS DECEASED E			CIAL SECURITY NO	. 17 INFORMANT		COOPER	PT. PD	
L	NO			-38-4909	L. ALEXANDER	WILSON	BOZWAN.	Md 2	1612
	Canditions, if gave rise to	immediate	DUE TO, ON ASS	Hilly	rofler To	eltra	Selen	Mil.	omo
NO	gave rise to cause (a), st underlying co	any, which immediate tating the ause last	DUE TO, OR AS A C	/	UT NOT RELATED TO THE TERM	AINAL DISEASE C	DR CONDITION G	IVEN IN PART	10
TIECATION	gave rise to cause (a), st underlying co	ony, which immediate tating the ause last.	DUE 10. OF AS A CONTRIBU	UTING TO DEATH BU	UT NOT RELATED TO THE TERM	20a AUTOPS	SY? 20b. IF YE	ES, WERE FIN	
CERTIFICATION	gave rise ta cause (a), st underlying co	any, which immediate tating the puse lost. SIGNIFICANT COLERATION	DUE TO OF AS A CONTRIBUTIONS CONTRIBUTION FOR CONDITION FOR CONTRIBUTION F	UTING TO DEATH BU	ION WAS PERFORMED	200 AUTOPS	20b. IF YE	ES, WERE FIN IFYING CAUS	DINGS USED ES OF DEATH?
	gave rise to cause (all, st underlying co	ony, which immediate tating the ause lost. SIGNIFICANT CO	DUE TO OF AS A CONTRIBUTIONS CONTRIBUTION FOR CONDITION FOR CONTRIBUTION F	UTING TO DEATH BE	ION WAS PERFORMED 21¢ HOW INJURY OCCUR	200 AUTOPS	20b. IF YE	ES, WERE FIN IFYING CAUS	DINGS USED ES OF DEATH?
110	gave rise to cause (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY, 21d, INJURY OCC.	any, which immediate toting the guse last. SIGNIFICANT COMMERCATION CAUSE OF DEATH MEDICAL EXAMINER)	DUE TO OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR A CONTRIBU	OR WHICH OPERATION DAY YEA	ION WAS PERFORMED 21¢ HOW INJURY OCCUR	200 AUTOPS YES RED (ENTERNATUR	20b. IF YE	ES, WERE FIN IFYING CAUS	DINGS USED ES OF DEATH?
MEDICAL CERTIFICATION	gave rise to cause (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY, 21d, INJURY OCC.	any, which immediate toting the guse last. SIGNIFICANT COI ERATION Underlying CAUSE OF DEATH MEDICAL EXAMINER)	DUE TO OR AS A CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR A CONTRIBU	UTING TO DEATH BUTTER OF WHICH OPERATION OF WHICH OPERATION OF THE PROPERTY ON THE PROPERTY OF	216 HOW INJURY OCCUR	200 AUTOPS YES RED (ENTERNATUR	20b. IF YE IN CERT Y LE OF INJURY IN ITEM 18	ES, WERE FIN IFYING CAUS IES PART I ORPART I	DINGS USED ES OF DEATH? NO
98.0	gave rise to cause (a), st underlying co	any, which immediate toting the guse last. SIGNIFICANT COLORS (COLORS COLORS C	DUE TO OR A DUE TO OR A NDITIONS CONTRIBL 19b CONDITION FO 21b TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJU (AT HOME STREET, FACTIVATION OF THE PLACE O	OR WHICH OPERAT	216 HOW INJURY OCCUR	20a AUTOPS YES N RED (ENTERNATUR	20b. IF YOUNGERT IN CERT YOU IN TEM 18	ES, WERE FIN IFYING CAUS (ES	DINGS USED ES OF DEATH? NO STATE
200	gave rise to cause (a), st underlying co	any, which immediate toting the guse last. SIGNIFICANT COLORS (COLORS COLORS C	DUE TO OR AS A CONTRIBUTION OF THE CONDITION OF T	OR WHICH OPERAT	216 HOW INJURY OCCUR 211 LOCATION STREET 19 9	200 AUTOPS YES N RED (ENTERNATUR death accurred of	20b. IF YOUNGERT IN CERT YOUR TOWN	ES, WERE FIN IFYING CAUS (ES PART I OR PART I COUNTY	DINGS USED ES OF DEATH? NO STATE
	gave rise to cause (a), st underlying co	any, which immediate to ting the guse last. SIGNIFICANT COLOR ERATION CAUSE OF DEATH MEDICAL EXAMINER) TURRED WORK WORK	DUE TO OR A DUE TO OR A NO IT IONS CONTRIBL 196 CONDITION FOR 216 TIME OF INJUR HOUR A.M. MO P.M. 216 PLACE OF INJUR (AT HOME STREET, FACTOR active need the decean	OR WHICH OPERAT	211 LOCATION STREET and that in (my) (week apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPS YES NEED (ENTER NATUR to death accurred of DIRECTOR DI	20b. IF YE IN CERT YE OF INJURY IN ITEM 18 EITY OR TOWN STAFF PHYSICIAN	ES, WERE FIN IFYING CAUS (ES PART I OR PART I COUNTY	DINGS USED ES OF DEATH? NO STATE . that (I) (wester the causes stated
THE COLUMN TWO IS NOT	gave rise to cause (a), st underlying compared to the control of t	any, which immediate toting the puse lost. SIGNIFICANT COLERATION CAUSE OF DEATH MEDICAL EXAMINER) CURRED J. WHITE 1 WORK	DUE TO OR A DUE TO OR A NO IT IONS CONTRIBL 196 CONDITION FOR 216 TIME OF INJUR HOUR A.M. MO P.M. 216 PLACE OF INJUR (AT HOME STREET, FACTOR active need the decean	OR WHICH OPERATION ON THE PROPERTY ON THE PROPERTY OF THE PROP	211 LOCATION STREET and that in (my) (and apinion DEGREE ATTENDING PHYSICIAN	ZOO AUTOPS YES N RED (ENTER NATUR death accurred of DIRECTOR 1 133d LOCATI	TAND 21	COUNTY 19 Do Day and from to 1220 DA	DINGS USED ES OF DEATH? NO
THE STATE OF THE S	gave rise ta cause (a), st underlying co part 2 OTHER S 19a DATE OF OPE 11a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d INJURY OCC A CONTRIBUTING (IF EITHER NOTIFY) 1 CONTRIBUTION A CONTRIB	CAUSE OF DEATH MEDICAL EXAMINER) LANE WR ON, REMOVAL	DUE TO OR SOLUTIONS CONTRIBLE 196 CONDITION FOR HOUR A.M. MO P.M. 210 PLACE OF INJURATION OF THE PROPERTY OF	OR WHICH OPERAT RY ONTH DAY YEA 15 JRY ORY, OFFICE, FARM, ETC.) 15 17 18 18 19 18 18 18 18 19 18 19 18 18	211 LOCATION SIREE 211 LOCATION SIREE ATTENDING PHYSICIAN 22e ADDRESS ST. MICHAE CEMETERY OR CREMATORY	Z00 AUTOPS YES NEED (ENTER NATUR to death accurred of DIRECTOR DI	TAND 21	ES, WERE FIN IFYING CAUS (ES PART I OR PART I COUNTY	DINGS USED ES OF DEATH? NO
23	gave rise to cause (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY). 21d INJURY OCC A INJ	CAUSE OF DEATH MEDICAL EXAMINER) LANE WR DN, REMOVAL LANE MR LANE WR LANE WR DN, REMOVAL LANE MR LANE WR	DUE TO OR SOLUTIONS CONTRIBLE 196 CONDITION FOR HOUR A.M. MO P.M. 210 PLACE OF INJURATION OF THE PROPERTY OF	OR WHICH OPERAT RY ONTH DAY YEA 15 JRY ORY, OFFICE, FARM, ETC.) 15 17 18 18 19 18 18 18 18 19 18 19 18 18	211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS ST. MICHAE	Z00 AUTOPS YES NEED (ENTER NATUR to death accurred of DIRECTOR DI	20b. IF YE IN CERT YE OF INJURY IN ITEM 18 21 TY OR TOWN 21 TAND 21 ON 10	COUNTY 19 Do Day and from to 1220 DA	DINGS USED ES OF DEATH? NO



4	1,	FOR		TE OF MARYLAND HEALTH AND MENTAL HYG	SIENE & O	36 . 0 2
	1	STATE REGISTRAR	CERT	FICATE OF DEATH	REG. NO.	
28039 DE	1. 05	DEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
ny be	,	Thom	as Marion W	ood	13	2 10 86 800
ge 4 ma ectar, po	3. SE	Male	_	of BIRTH Her 90, 1899	6 AGE (IN YEARS LAST BIRTHD)	YRS
Poor Transport	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? B MARK WIDOW	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR C	1 0 1
by the fulled with	P	Easton	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS)	Rial	But Pranting Co	12b. KIND OF BUSINESS
n a a	4		ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY LAS CON	1122 110 11	STREET ADDRESS &	89 ^{CODE} 21601
1 100	14. F/	Thomas Mari	on Wood	15 MOTHER'S MAIDEN NA	me a Hardy middle	LAST
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1E YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 214-12-6710	17 INFORMANT Eleanor H. W	ood, RD #5, E	Caston, Maryland
th centrali: nding at corbon pop ofice ent		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c), (b) BY: TE CAUSE (a) A S H D TO THE CAUSE (b) A S A CONSEQUENCE OF	FASTON AS	KHY TOM IB	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
quires that the deal signed by the otter hen please remove in burial, cremation jury, or ather troum	z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 11a
in. has been permit. The permit. The prior in the prior i	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY? 21	DI. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
HYSICIAN The ding physicio physicio physicio is certificate is certificate burnal-transit Mental Hygie or frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	(ITEM 18 PART 1 OR PART 2)
offendin offer this of as the bu h and Mo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital ar Spital ar CTOR: Ai for use of Health		abave, ((we) (did) (data	ital) attended the deceased from 19	and that in (my) (aur) apinian	ta /2 -/0	and haur and fram the causes stated
SPITAL J by the harmonic be detached be detached be State Dept. TANT: If them		22b. SIGNATURE	TO Conglis		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL etained by th TO FUNERAL should be det with the State			. CARNEY, M. D.			Maryland 21601
BP	L	Burial, Cremation, Removal Cremation		Lee Crematory		
DHMH - 16 60M 7/B4 (VRA 15, 4)	4	FAME E	Kimmy Doress tel	naula > 1920	8 1986 TRARES	REGISTRAR'S SIGNATURE

N No. 3, The Part of the Nor land, Tallet Target have an of the second Yes 71 214-12-716 Classon R. Soud. SD (5) Seaton, Largland file include, oracle include the land of the land state of the lan Committee destinated and a destinated and inches 0. 0.